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Ontario Cancer Plan:
2006-07 ANNUAL PROGRESS REPORT

Building a patient-centred cancer system across Ontario

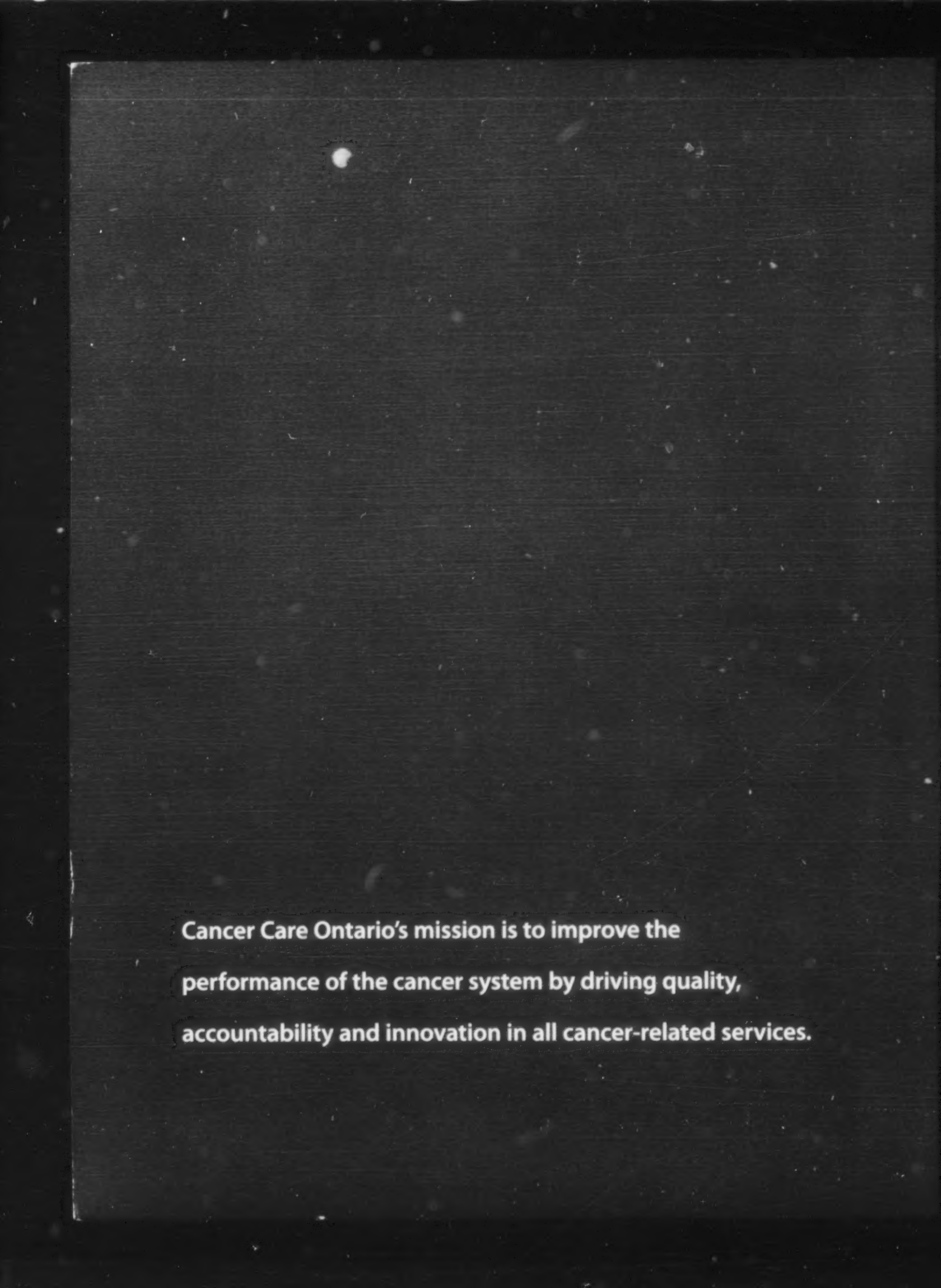
Cancer Care Ontario's mission is to improve the
performance of the cancer system by driving quality,
accountability and innovation in all cancer-related services.

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TABLE OF CONTENTS

Executive Summary ..... page 4

Ontario Cancer Plan:
2006-07 Progress and Results and 2007-08 Actions ..... page 15

I. Prevention and Screening ..... page 24
II. Access ..... page 32
III. Quality and Outcomes ..... page 44
IV. Reliable Accountable System ..... page 54
V. Innovation and Research ..... page 58

Appendix

A Targeted Investment Strategy ..... page 64

EXECUTIVE SUMMARY

Our Role

Cancer Care Ontario is the provincial agency that steers and coordinates Ontario's cancer services and prevention efforts so that fewer people get cancer and patients receive the highest quality of care.

The partnerships between Cancer Care Ontario, government, and the organizations and health professionals that make up the Regional Cancer Programs in each Local Health Integration Network are critical to the improvement of cancer services.

The Ontario Cancer Plan

The *Ontario Cancer Plan* is a road map for how health care providers, Cancer Care Ontario, and the Ontario Government work together to prevent cancer and care for cancer patients today and in the future.

The first of its kind in Canada, the three-year *Plan* was created from extensive consultations and is updated every year to address the evolving and new challenges facing Ontario.

This year's report is organized around five themes: Prevention and Screening; Access; Quality; Accountable and Reliable Cancer Care System; and Innovation and Research. While there have been action and achievements in all five areas, important challenges remain that require constant attention in the years ahead.

Through the initiatives in the *Ontario Cancer Plan*, we have better information than ever before about cancer and where the system is not meeting the needs of patients and the population at large.

This *Plan* underscores many of the solutions under way or within our reach. Our job is to act now on what we know about cancer.

The combined efforts of all those involved in the fight against cancer are delivering results for the people of Ontario.

2006-07 PROGRESS AND RESULTS

Prevention and Screening

Progress is being made in prevention, particularly in reducing tobacco consumption, but, as Ontario's population grows and ages, the total number of newly diagnosed cancers is expected to increase by two-thirds by 2020 unless action is taken to prevent and detect more cancers earlier. Too few Ontarians are taking advantage of breast and cervical screening, and nearly 80% of those eligible have never been screened for colorectal cancer. However, in 2006 the Ministry of Health and Long-Term Care and Cancer Care Ontario planned a province-wide colorectal cancer screening program to be launched in 2007.

PREVENTION

- **Tobacco:** In 2006, the Ontario Government's *Smoke-Free Ontario Act* took effect. Cancer Care Ontario is playing a key role in support of this ground-breaking legislation through our Media Network for a Smoke-Free Ontario program and the Tobacco Wise Media Campaign for Aboriginal Peoples.

- **Healthy Eating:** Cancer Care Ontario has implemented a number of cancer prevention initiatives that complement the Ontario Government's *Action Plan for Healthy Eating and Active Living* strategy, including a partnership with XM Satellite Radio and the Canadian Cancer Society to air public service announcements on healthy eating.

- **Environmental and Occupational Risks:** Cancer Care Ontario has partnered with the Workplace Safety and Insurance Board to propose a three-year pilot project to track the incidence of mesothelioma, a cancer associated with exposure to asbestos.

SCREENING

- **Breast Screening:** This year, the Ontario Breast Screening Program (OBSP) screened 290,959 women, an increase of 13.5% (34,525 screens) over the previous fiscal year.

  Thirteen new screening affiliates (including a mobile coach in Northwestern Ontario) and four new assessment affiliates (for women requiring follow-up tests) joined the OBSP, bringing the total to 111 participant screening centres and 21 assessment centres. While this increase in mammography is important, according to the 2006 Cancer System Quality Index only, 56.4% of women over age 50 were screened for breast cancer in Ontario—an almost equal share were screened within and outside the OBSP. By the year 2010, the province aims to screen 70% of women aged 50 to 69 through the OBSP.

- **Cervical Screening:** Cancer Care Ontario is playing a key role in educating and advising public health, health professionals and members of the public about the new Human Papillomavirus vaccine.

- **Colorectal Screening:** Cancer Care Ontario is working with the Ontario Government and other stakeholders to introduce a province-wide colorectal screening program in 2007. This will make Ontario the first province with a colorectal screening program.

Access

Cancer services have become more accessible through: steady improvements in radiation wait times, creation of a wait time management system for cancer surgeries, development of new and expanded cancer centres, better integration of services within regions, and improvements to palliative care.

- **Wait Time Targets:** This year, the Ontario Wait Times Strategy began reporting and posting cancer surgery waits on its website. Through a Cancer Care Ontario-led expert panel, we have set target wait times and performance indicators for radiation, surgery and systemic therapy wait times.

- **Radiation Treatment Wait Times:** Over the last three years, median provincial radiation wait times have dropped a staggering 33%, from 6.4 weeks to 4.3 weeks. Radiation wait times have continued to improve this year, dropping another 6.5% between fall 2005 and fall 2006. (Cancer Care Ontario reports wait times from when a patient is referred to a specialist to when they receive treatment.)

- **Cancer Surgery Wait Times:** Ontario has made dramatic and lasting improvements in its ability to manage cancer surgery wait times. We now have definitions of wait times and targets, knowledge of how many cancer surgeries are being performed, and the accepted wait times for different types of cancer surgery.

  Overall, the picture of Ontario cancer surgery wait times is encouraging, having stemmed the tide of growing wait times seen in the late 1990s and early 2000s. During the period August/September 2006, 89% of cancer surgeries were being provided within 84 days. (The Wait Time Strategy target is 90%). As a result of Ontario's Wait Times Strategy, 4,850 more cancer surgeries are targeted to be delivered by the end of 2006–07. As for all the Wait Times Strategy clinical areas, hospitals who are receiving additional funds must also regularly report wait times to Cancer Care Ontario using a provincial information system established and maintained by Cancer Care Ontario.

- **Systemic Therapy Treatments:** Wait times for chemotherapy remain relatively unchanged over the last three to four years in the face of an ever increasing number of people requiring chemotherapy and other systemic therapies.

- **Using Information Systems to Manage Wait Lists and Coordinate Care:** This year, Cancer Care Ontario was contracted by the Ministry of Health and Long-Term Care to develop the Wait Time Information System and the Enterprise Master Patient Index (WTIS-EMPI), the latter which links together patient information, which is essential for comprehensive patient management and the development of an electronic health record. By December 2006, the WTIS-EMPI was implemented in 53 hospitals representing 90% of all funded cases for the five priority procedures.

- **Capital Projects:** All six new regional cancer centres and expansions recommended in the *Ontario Cancer Plan* have been approved and announced by the ministry.

  Over the past three years, new regional cancer centres were announced for Sault Ste. Marie, Niagara, Barrie, and Newmarket. Expansions were also announced for the Ottawa and Kingston. The redeveloped centre in Hamilton and the new centre in Peel opened its doors in the past two years, and a new centre is slated to open in Durham in 2007.

- **Radiation Equipment:** This year, for the first time in seven years, the government increased annual allocation for replacement radiation equipment by $3.6 million, enabling an additional 1,208 patients to receive treatment this year. This funding is a step toward the additional $10 million recommended to keep pace with replacement needs and new technologies.

- **Palliative Care Strategy:** There is a significant need to ensure health providers are well resourced to better assess, coordinate and provide quality care to patients dying with cancer, and to ensure that more of those patients die in the place of their choice. This year, Cancer Care Ontario created a multi-year strategy to improve palliative care, focusing first on the launch of the Provincial Palliative Care Integration Project (PPCIP) in 13 LHINs. The project equips palliative care providers in hospitals, Community Care Access Centres and other community-based services with standard tools to improve patients' symptoms and quality of life.

Quality and Outcomes

While timely care is crucial to patients' health and well-being, the quality of cancer care that patients receive is paramount.

- **Clinical and Organizational Standards:** Cancer Care Ontario applied its expertise in creating clinical guidelines for how and when physicians and other health professionals should treat individual patients to the more complex area of organizational standards. These standards for hospitals and other organizations set the minimum, system-wide, expectations for personnel, facilities and services that are required to deliver a consistently high level of care.

  This year, more colorectal cancer surgeries were performed according to the latest clinical standards, which recommend the removal of 12 or more lymph nodes. Studies show that the removal of an adequate number of lymph nodes improves the ability to determine the stage of cancer and ultimately improves survival from colorectal cancer.

  Cancer Care Ontario continued to turn its attention to creating standards for complex, and relatively high-risk surgeries, which should be delivered only in a limited number of facilities that meet certain minimum criteria. Cancer Care Ontario supported hospitals across the province to implement new organizational standards for thoracic (lung and respiratory system) cancer surgery and begin implementing standards for hepatic (liver), pancreatic and biliary (bile duct of liver), or HPB, surgeries.

- **Organizational Standards for Systemic Therapy:** Following the example of surgical service delivery plans, we have been working extensively to develop organizational standards for chemotherapy and other systemic therapies. This initiative will be backed up by a parallel effort to develop a sustainable and equitable funding approach for systemic therapy.

- **Computerized Physician Drug Ordering:** Cancer Care Ontario's internationally recognized computerized physician drug ordering system (CPOE) was expanded and adopted in three additional facilities (Princess Margaret Hospital, William Osler Health Centre and Grand River Regional Cancer Centre), bringing the total number of hospitals in the province using the system to 11. Currently, over 50% of all chemotherapy orders in Ontario (600,000) are being placed electronically by 500 physicians. Ontario's CPOE system improves patient safety and care by eliminating illegible handwriting, flagging drug interactions, reducing dosage and other errors and improving communication among health care providers.

- Cancer Care Ontario also pursued a number of other strategies to improve the quality of cancer treatment and care (e.g., linking funding to quality conditions), electronic tools for health professionals (e.g., computerized physician order entry), and methods of inter-professional collaboration (e.g., multidisciplinary care conferences).

Reliable Accountable Cancer Care System

Cancer Care Ontario is creating and implementing a variety of mechanisms to improve accountability and management of cancer care resources.

- **Joint Approval Process for New and Expensive Cancer Drugs:** Now in its second year, the Committee to Evaluate Drugs (formerly the Drug Quality Therapeutics Committee)–Cancer Care Ontario joint process for evaluating new and expensive cancer drugs is proving to be a significantly improved way to make difficult decisions about which cancer drugs the province should pay for. Ontario now approves new cancer drugs based on an independent evaluation of the best evidence, but the decision-making process needs to be more transparent and open to patients and citizens. The Ontario Government's recent drug reform strategy and Bill 102 (*Transparent Drug System for Patients Act*, 2006), including the creation of a Citizen's Panel, offers the promise of bringing patients and the public into these crucial decisions.

- **Cancer System Quality Index:** A North American first, this web-based index serves as a valuable tool that tracks how the cancer system is performing from prevention through to palliative care. The 2006 Index reported on the performance of cancer care providers within each of the 14 Local Health Integration Networks.

- **Performance Management System:** Ontario is beginning to use 'pay for performance' which links performance (usually quantity of services) and quality with additional funding for hospitals that

have signed agreements with Cancer Care Ontario. Cancer Care Ontario works with hospitals to identify and address specific challenges with the aim of raising all cancer care services to the same high level.

- **Using Technology to Achieve Accountability:** Cancer Care Ontario continued to expand and enhance its databases and other health information tools that produce high-quality, real-time data that are critical to measuring, monitoring and improving cancer services.

Innovation and Research

Advances in cancer research and innovations are strengthening Ontario's ability to prevent and combat cancer.

RESEARCH

Cancer Care Ontario continued to focus our research efforts on the direct translation of new knowledge into the care of the population and cancer patients. We are leading research in four specific areas: i) patterns of care, ii) population-based studies of cancer risk and outcome, iii) molecular, functional and anatomic imaging, and iv) experimental therapeutics—all of which have an impact on the prevention, diagnosis or treatment of cancer. The Ontario Institute for Cancer Research (OICR) offers new collaborative opportunities to advance cancer research.

Cancer Care Ontario will be working with the Ontario Institute for Cancer Research to undertake a groundbreaking 10-year study to gain a better understanding of the causes of cancer including genetics, diet, exercise and other lifestyle factors, and the environment.

INNOVATION

- **Innovation Strategy:** In 2006-07 Cancer Care Ontario developed an innovation strategy and set up a dedicated directorate to coordinate our efforts to drive innovation in the delivery of cancer services.

- **In 2006-07 the strategy focused on:**
    - Rolling out local innovations province-wide (provincial palliative care integration project, and new roles for health professionals);
    - Training health care managers in efficiency improvements—including changing the way health professionals work together and manage wait lists—to help hospitals reduce radiation and chemotherapy wait times;
    - Creating an award program for the cancer system innovators.

ACTIONS FOR 2007-08

In 2007–08, we will build on the gains made this year, while we support the development of other areas of Ontario's cancer system, such as palliative care, meeting the needs of cancer survivors, and supporting family physicians and other primary care practitioners to screen for cancer.

Ontario needs sustained action, and more effective tools to get in front of the dramatic and predictable rise in cancer. Following are the highlighted actions for 2007-08 that will assist all those involved in the cancer system to prevent cancer and deliver better care to the many thousands of patients and survivors across Ontario.

Prevention and Screening

PREVENTION

- Cancer Care Ontario is seeking additional support to expand regional cancer prevention and screening activities to assist all areas of the province to reach *Cancer 2020* targets.
- Cancer Care Ontario will evaluate the health messages developed in partnership with the Canadian Cancer Society and XM Satellite Radio and, if results are promising, develop additional cancer prevention radio messages for 2007–08.
- In cooperation with the Workplace Safety and Insurance Board (WSIB), Cancer Care Ontario has proposed to pilot test and evaluate a physician notification system for mesothelioma (a cancer caused by asbestos exposure).
- We also recommend sustained funding for research and surveillance systems to better understand environmental and occupational carcinogens.
- Cancer Care Ontario and the Canadian Cancer Society, Ontario Division, are jointly organizing a February 2007 symposium on environmental carcinogen use reduction.
- A train-the-trainer learning series will help First Nations and Métis communities create sustainable capacity within their communities to respond to colorectal cancer health care and other educational needs.

SCREENING

Breast Screening – Digital Mammography

- Cancer Care Ontario is seeking funds to replace aging film-screen mammography units in the Ontario Breast Screening Program, and to create a longer term equipment plan.
- We will continue to increase the number of women screened by the Ontario Breast Screening Program by increasing recruitment of affiliates (22 new screening and 12 assessment sites) and other strategies.

Colorectal Screening

- Cancer Care Ontario will work with the Ministry of Health and Long-Term Care and Ontario's doctors to implement Canada's first provincial colorectal cancer screening program.

Integrated Screening

- Cancer Care Ontario will analyze the feasibility and benefits of an integrated approach to cancer screening, which would be designed to increase participation and detection rates, reduce the number of people getting and dying from cancer, and improve efficiency, convenience and flexibility to adapt to new technologies.

Access

Wait Times

- Cancer Care Ontario will work with hospitals to resolve specific wait time problems and continue to support all hospitals to meet surgical wait time targets.
- Cancer Care Ontario is also seeking funds to support contractual and performance management obligations for the funding we allocate for additional cancer surgeries.
- Cancer Care Ontario will measure and begin to report on how well hospitals and LHINs are performing against all provincial wait time targets.
- Cancer Care Ontario is recommending funding for at least two more Diagnostic Assessment Units in addition to the first one in the Champlain LHIN. Diagnostic Assessment Units shorten how long a patient waits for a diagnosis by providing a single point of access for assessment.
- Cancer Care Ontario will work with clinicians and other cancer experts to develop wait times indicators for the wait time between a patient's diagnosis and first treatment.

Capital Projects

- In 2007–08 the Southlake (Newmarket) Regional Cancer Centre will be under construction and the centres in Algoma, Ottawa, Kingston, Barrie and Niagara will be designed.

Radiation Equipment

- Cancer Care Ontario is seeking an additional $10 million to replace radiation therapy equipment as the costs of scheduled machine replacement exceed the current replacement funding.
- Cancer Care Ontario is also seeking funding for linear accelerators for the Oshawa, Credit Valley and Grand River centres. This equipment will expand access to radiation therapy to patients served by these cancer centres.

Physicist Training

- We also seek support for an additional 10 physicist training positions to catch up with and stay ahead of anticipated need.

Palliative Care

- Cancer Care Ontario seeks funding to continue and expand the Provincial Palliative Care Integration Project to a broader group of patients, and to expand the use of web-based tools that allow patients to access support from any location and provide a rich dataset for planning and quality management.

  We are also requesting funding to develop a research and teaching hospice in the Toronto downtown core, which would also add needed capacity.

Quality and Outcomes

Systemic Therapy Planning

- Cancer Care Ontario will lead the province-wide implementation of organizational standards for systemic therapy to create better and more consistent quality and access for patients. Cancer Care Ontario seeks funding to support regional adoption of this plan.

Organizational Standards

- Regional Cancer Programs have committed to fully implement both thoracic and HPB (liver and pancreas) surgery standards by the end of 2008.

Expand Pathology Reporting

- Cancer Care Ontario will roll out standardized reporting to 10 more facilities in 2006-07 in five disease sites (breast, lung, prostate, colorectal and endometrium) beyond the current four locations (Credit Valley, Lakeridge, Grand River and University Health Network) as we aim to have 90% of pathology reports completed according to the College of American Pathologists checklist standard.

Stage Capture

- In 2007-08, we will begin to implement and evaluate our collaborative staging (collection of all possible and relevant types of stage and key prognostic factors about cancer patients) project in three cancer centres, with the goal to expand the number to eight pilot sites by the end of the year. Staging (determining the stage of progression of a patient's cancer) is critical for diagnosis and treatment decisions as well as for cancer centres to coordinate services and resources.

Computerized Physician Order Entry

- Cancer Care Ontario seeks resources to expand the computerized physician order entry (CPOE) system to four more hospitals, bringing the total to 15. We will also be re-designing the CPOE to add new functionality and move it to a web-based platform.

Reliable Accountable System

Drug Review Process

- Cancer Care Ontario will work with the Ministry of Health and Long-Term Care to increase public and citizen input in decisions about funding new and expensive cancer drugs. This is part of a wider strategy for increasing public participation being addressed in Bill 102, the *Transparent Drug System for Patients Act*, and its accompanying drug reform strategy.

  In addition, Cancer Care Ontario works with the Ministry of Health and Long-Term Care and other provincial ministries across Canada to develop a common evaluation for new cancer drugs.

Cancer System Quality Index

- Cancer Care Ontario will enhance the 2007 Index to include new measures of cancer service integration and more measures of quality for each LHIN.

iPort™

- Cancer Care Ontario seeks funds to migrate existing Ontario Cancer Registry and other specific data and tools into the Provincial Cancer Data Warehouse (PCDW) that supports iPort™. The goal is to create Canada's first cancer linked person-based record database, which will be used as the single authoritative source of secure information about all aspects of cancer prevention and care in the province.

Innovation and Research

Advanced Practice Radiation Therapists

- Cancer Care Ontario intends to establish a demonstration project for advanced practiced radiation therapists in five sites as a way of expanding access to radiation therapy.

Nurse-Performed Sigmoidoscopy

- Cancer Care Ontario will continue to roll out the nurse flexible sigmoidoscopy program to multiple sites so that we can evaluate the impact and benefits.

Research

- Cancer Care Ontario and the Ontario Institute for Cancer Research (OICR) will jointly develop a health services research program that builds on the province's strengths in data management and analysis and positions Ontario to become an international leader in cancer health services and health economics research.
- Cancer Care Ontario will work with the OICR to support common research priorities and will promote province-wide involvement in the translation of innovations in imaging and experimental therapeutics into improved cancer detection, diagnostics and treatment.
- The design of the Ontario Cancer Consortium 'cohort' 10-year study will be completed and will form the basis for future population studies of cancer risk factors and markers to predict cancer incidence.

Ontario Cancer Plan

2006-07 Progress and Results and 2007-08 Actions

Our Role

Cancer Care Ontario is the provincial agency that steers and coordinates Ontario's cancer services and prevention efforts so that fewer people get cancer and patients receive the highest quality of care. As the government's chief cancer advisor, Cancer Care Ontario:

- Directs more than $500 million provincial health care dollars annually to cancer prevention, detection and care;
- Operates province-wide research, screening and prevention programs;
- Collects and monitors information about the rate and impact of cancer across the province, and puts this information in the hands of policy makers, researchers and health care providers;
- Rapidly applies emerging research and evidence to create standards and guidelines for health professionals and organizations, and works with them to plan and improve the quality and accessibility of regional and local cancer services; and
- Promotes accountable and efficient cancer care by measuring and reporting to the public about the performance of cancer services.

How Cancer Services in Ontario are Organized

While Cancer Care Ontario is responsible for oversight and performance management for the province's cancer services, individual hospitals and other health care organizations are responsible for delivering services to patients.

Each regional cancer centre has a Regional Vice President (RVP) who reports to both the CEO of the hospital where the cancer centre is based and the president and CEO of Cancer Care Ontario. Cancer Care Ontario also has various agreements or contracts with hospitals and other organizations that deliver cancer screening, assessment, treatment and care services.

Regional Cancer Programs

In addition, Regional Cancer Programs (RCPs) have been established in all 14 Local Health Integration Networks (LHINs) to better coordinate, integrate and raise the quality of all cancer services provided to local populations. The RVPs are responsible for the establishment and progress of Regional Cancer Programs in their respective LHINs to ensure cancer access and quality standards are consistently met while responding to local needs.

Guided by the *Ontario Cancer Plan*, Regional

Implementing the Champlain Regional Cancer Program

Hospitals, community care access groups and public health units in the Champlain LHIN have joined together along with The Ottawa Hospital Regional Cancer Centre to form the Champlain Regional Cancer Program, creating a strong infrastructure to improve quality and access to regional cancer services.

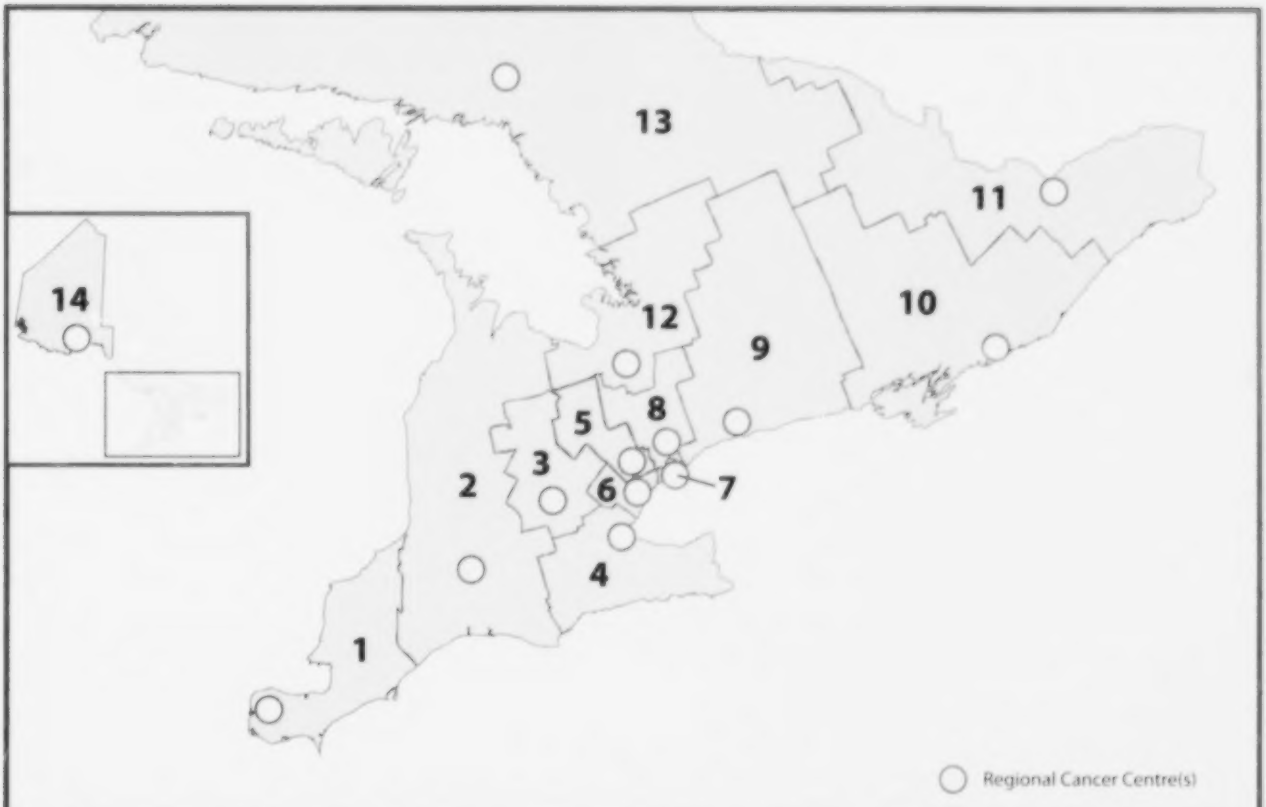
"The Champlain Regional Cancer Program is made up of a core group of individuals at The Ottawa Hospital Regional Cancer Centre," says Cathy DeGrasse, senior advisor, Regional Cancer Operations, The Ottawa Hospital. "What makes this team really special is that it consists of a number of individuals from across the region, including clinicians, administrators, decision makers and patients, who all have a passionate commitment to improving access to quality cancer services across our region."

The program oversees the administration of the chemotherapy home infusion pump program, which provides patients living in Eastern Ontario with the opportunity to receive a tailored chemotherapy and hormonal treatment in the comfort of their own home through a small pump rather than having to stay overnight in the hospital.

"It allows me the freedom to be at home and away from hospital during the period that I am having chemotherapy administered," says Tony Gumpert, a cancer patient enrolled in the chemotherapy home infusion pump program. "That's the time when you need a lot of emotional support from friends and family and being at home you're able to get that. It is absolutely outstanding to have that freedom."

Although the cancer centre has had regional systemic therapy satellites, there has never before been such a high level of commitment and collaboration. This is demonstrated through initiatives such as overall goal setting for the complete spectrum of regional cancer services, "communities of practice" that bring together cancer surgeons to learn from each other, and planning for and evaluating health provider cancer education needs in the Champlain LHIN.

"I haven't met a surgeon, oncologist, or family physician who didn't want to be part of a system to deliver the best quality of patient care," says Dr. Hartley Stern, vice-president of Cancer Services, The Ottawa Hospital. "We've been able to convince them of that benefit from below and above, and in the middle is the patient who gets the benefit."



Regional Cancer Centres & **Local Health Integration Networks**

1 Windsor Regional Cancer Centre
Erie St.Clair LHIN

2 London Regional Cancer Program
South West LHIN

3 Grand River Regional Cancer Centre
Waterloo Wellington LHIN

4 Juravinski Cancer Centre (Hamilton)
Niagara Regional Cancer Centre (Planned)
Hamilton Niagara Haldimand Brant LHIN

5 Carlo Fidani Peel Regional Cancer Centre (Mississauga) *
Central West LHIN

6 Carlo Fidani Peel Regional Cancer Centre (Mississauga) *
Mississauga Halton LHIN

7 Toronto Sunnybrook Regional Cancer Centre
Princess Margaret Hospital
Toronto Central LHIN

8 Regional Cancer Centre at Southlake (Planned)
Central LHIN

9 R.S. McLaughlin Durham Regional Cancer Centre (Under Construction)
Central East LHIN

10 Cancer Centre of Southeastern Ontario (Planned Expansion)
South East LHIN

11 The Ottawa Hospital Regional Cancer Centre (Planned Expansion)
Champlain LHIN

12 Simcoe Muskoka Regional Cancer Centre (Planned)
North Simcoe Muskoka LHIN

13 Northeastern Ontario Regional Cancer Centre (Sudbury)
Algoma Regional Cancer Centre (Planned)
North East LHIN

14 Northwestern Ontario Regional Cancer Centre (Thunder Bay)
North West LHIN

* Cancer centre supports two regions

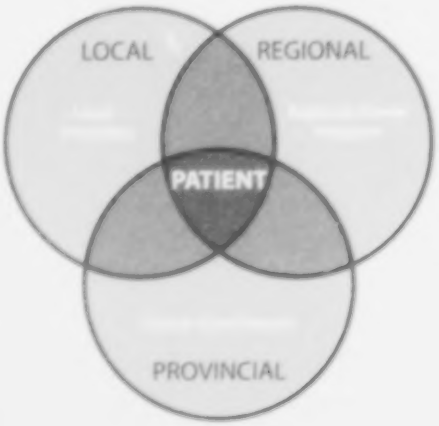
Cancer Programs link together health care professionals, organizations, patients and decision-makers across the spectrum of cancer services from prevention through to palliative care within each LHIN. Their goal is to ensure that every patient, no matter where they live, has access to high-quality care as close to home as possible.

While individual organizations provide cancer services, Regional Cancer Programs are responsible for creating an annual cancer service plan and forging networks of cancer services in their LHINs, by building on existing relationships and using agreements and other accountability mechanisms.

Regional Cancer Programs access Cancer Care Ontario's planning expertise, policy leadership, cancer information, and the provincial standards and programs that are needed to deliver a consistently high quality of care. RCPs have the critical local relationships and structures needed to make improvements happen within local organizations and at the point of care.

Cancer Care Ontario's Provincial Leadership Council and Clinical Council are forums where Regional Vice Presidents and clinical leaders from across the cancer system come together to work on common issues and provide advice to Cancer Care Ontario on cancer priorities for the province. These councils also provide a venue to work through issues that cut across LHIN boundaries, such as determining the best way to organize and locate highly specialized treatment services.

A Patient-Centred Cancer System



How We are Building a High-Performance, Patient-Centred Cancer System

Cancer Care Ontario puts the latest cancer knowledge and tools in the hands of health professionals, organizations and policy makers so that, together, they can prevent cancer and do the best job caring for patients. We collect and analyze an extensive body of information about cancer. We use evidence from research and other sources to generate new knowledge about prevention and treatment, in the form of guidelines, standards, and planning. Then, Cancer Care Ontario actively transfers this knowledge to health professionals and organizations and assists them in improving and, when necessary, changing the way clinical care is delivered and organized. We manage the performance of the cancer system by routinely reviewing each regional cancer centre's performance and working with them to solve problems; by requiring organizations we fund to deliver specified results, and reporting to the public on the performance of a range of cancer services.

Cancer Care Ontario's Performance Improvement Approach

1. Data/Information

- incidence, mortality, survival
- analysis
- indicator development
- expert input

2. Knowledge

- evidence-based guidelines
- policy analysis
- evidence and research synthesis
- planning

3. Transfer

- publications
- practice leaders engaged
- policy advice
- public reporting
- technology tools

4. Performance Management

- institutional agreements
- quarterly review
- quality-linked funding
- program accountability

The partnerships between Cancer Care Ontario, government, and leaders and health professionals that make up the Regional Cancer Programs in each LHIN are critical to the improvement of cancer services.

LHINs are a new and essential partner in delivering high-quality services equitably and consistently across the province.

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The Ontario Cancer Plan

The *Ontario Cancer Plan* is the road map for how Cancer Care Ontario, health professionals and organizations, cancer experts and the government are working together to curb cancer rates while improving the quality of care for current and future patients.

The first of its kind in Canada, the *Plan* was created in 2004 after extensive consultations with Ontario's regional cancer care leaders, health professionals and policy makers. Originally built on six priorities, the actions in the *Plan* are updated every year to address the evolving and new challenges facing Ontario.

Like last year's report, this report describes actions and progress against the plan for the current fiscal year, 2006–07, and sets out proposed actions for 2007–08.

This year's report is organized around five areas. Substantial action and results were achieved in 2006–07 but many challenges require our persistent attention in the years ahead:

1) Prevention and Screening
2) Access
3) Quality and Outcomes
4) Creating a Reliable, Accountable System
5) Research and Innovation

Six Priorities of the Ontario Cancer Plan

1. Broaden the development and use of provincial standards and guidelines
2. Implement Regional Cancer Programs
3. Close the gap by reducing the demand for cancer services and increasing capacity
4. Implement rapid access strategies
5. Invest in information, performance measurement and accountability
6. Advance the coordination and focus of cancer research efforts in Ontario

Up to Half of All Cancers Can Be Prevented

The ultimate goal is to prevent as many people as possible from getting cancer. Up to 50% of cancers that will be diagnosed next year can be prevented and more can be detected early. Paradoxically, the two deadliest types of cancer—lung and colorectal—are also two of the most preventable cancers.

Planning for Future Cancer Care Needs

A dramatic rise in cancer is inevitable as the population ages. While we work to contain the number of cancer cases, we need to ensure the highest quality services are there for patients when they need them.

Much more can and must be done to prevent people from ever getting cancer; much more can and must be done to lessen the devastating physical, emotional and financial consequences of cancer.

Creating a Patient-Centred System

The cancer system is much more than treatment. It begins with prevention and extends through screening, diagnosis, treatment, services to help survivors after cancer, and palliative care. Cancer touches all areas of the health care system.

Cancer Care Ontario believes that creating a patient-centred system—one that is organized around the needs of the patient—is key to reducing cancer and improving care. Under the guidance of the *Ontario Cancer Plan*, those involved in the cancer system are working together to ensure that no matter where an Ontario resident or patient lives, their stage of cancer, or how they enter the health care system, they receive high-quality cancer services, as close to home as possible. We are also striving to create a cancer system that is much more open and transparent to the public, patients and caregivers, and that actively involves them in personal health care decisions

"When you walk a walk like I am, there are many factors that come into play. When I saw Lee, she was like a light. I felt at rest because she was actually coming from a point of heritage, and she would be able to comprehend my situation on a different level than a doctor, nurse or a friend. Physical, spiritual or emotional, it doesn't matter. It's just another person in your corner to help you through it."

Cynthia Marchand, Aboriginal Patient from the Niagara Region

Significant Improvements Are Already Being Made

In the last two years, under the direction of this *Plan*, we have realized many advances in how we prevent, detect and treat cancer.

In 2006-07, results have been achieved in every aspect of cancer prevention and care, in every part of the province. The cancer system is better today than it was last year and it was better last year than the year before.

In 2006-07:

- More women received a screening mammogram from the Ontario Breast Screening Program, while Ontario developed a plan for a province-wide colorectal cancer screening program.
- Cancer services have become more accessible through steady improvements in radiation wait times, new and expanded cancer centres, better integration of services across Ontario's 14 Regional Cancer Programs, and the roll out of the Provincial Palliative Care Integration Project.
- More clinical guidelines and quality standards have been implemented to improve patient safety and prognosis.
- Better and more transparent cancer information has made the cancer system more reliable, accountable and high performing for patients and Ontario's population.
- Advances in cancer research, together with the implementation of a number of cancer care innovations, have strengthened Ontario's ability to prevent and combat cancer.

But we still face urgent challenges, the most critical being:

- High rates of smoking, obesity and other preventable cancer risk factors;
- Comparably low cancer screening rates;
- A lack of information and need for a provincial strategy to address waiting times between family doctor visits and subsequent assessment and diagnosis of cancer;
- Uneven quality of care across the province;
- National challenges in evaluating the benefits of, and paying for, new and very expensive cancer drugs;
- Shortages of appropriately trained health professionals.

In 2007–08, we will build on the gains made this year, while we develop other areas of Ontario's cancer system, such as palliative care, meeting the needs of cancer survivors, and supporting family physicians and other primary care practitioners to screen for cancer.

To view the full *Ontario Cancer Plan Report* (2004) or the *2005-06 Progress Report*, visit www.cancercare.on.ca.

Why is the Ontario Cancer Plan Important?

Like a slow moving glacier, cancer rates are growing dramatically and cancer will soon eclipse heart disease as the leading cause of death in Ontario. Yet, many cancers are preventable and the chances of surviving the disease are better when it is detected early.

Today, someone in Ontario is diagnosed with cancer every eight minutes. In 10 years it will be every six minutes if current trends persist. In 2006-07, there were 62,506 new cases—2,500 more than last year—and 25,349 Ontarians died. If improvements are not made in cancer prevention, screening and treatment, we expect the number of new cases per year to rise to 83,000 in 2015.

Cancer is not a single disease with a single cure. What we call "cancer" is really over 200 different diseases with many different causes, treatments and specialized health care services. (For the sake of simplicity, we refer to all of these various cancer diseases as "cancer.")

Men have a 45% chance and women have a 40% chance of getting cancer in their lifetime.

Consequently, the cancer system is complex and vast, and difficult for patients to navigate and understand, adding to the anxiety of having cancer.

Thanks to advances in our ability to detect and treat cancer, people are surviving longer. This, in turn, is creating new challenges, such as addressing the after-effects of cancer for an ever-increasing number of survivors.

Ontario needs sustained action, and more effective tools to get in front of the dramatic and predictable rise in cancer. The *Ontario Cancer Plan* provides a common direction and platform so that everyone involved in the cancer system pulls in the same direction for patients.

At the same time, we must manage resources wisely on behalf of citizens and patients so that the cancer system is on sure footing for the future. The sheer number, cost and complexity of new cancer treatments and technologies mean we must make the most intelligent choices about what we provide and pay for so that both patients and society benefit.

Through the initiatives in the *Ontario Cancer Plan*, we have better information than ever before about cancer and where the system is not meeting the needs of patients and the population at large. The *Plan* underscores many of the solutions under way or within our reach. Our job is to continue to act on what we know about cancer.

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I. PREVENTION AND SCREENING

Up to 50% of cancers can be prevented but the most highly preventable cancers are also the two leading causes of cancer death—lung and colorectal.

At the same time, screening increases the chances of surviving and even being cured of certain cancers—particularly when it is offered as part of an organized program that is supported by common standards and quality assurance. Breast, cervical and colorectal screening all have highly effective screening tests with demonstrated results. For example, between 1989 and 2002, breast cancer mortality rates for Ontario women aged 50–69 decreased by 29% due to a combination of improved cancer treatments and increased participation in breast screening.

The *Cancer 2020 Action Plan*, released in 2003, sets out targets for cancer prevention and early detection along with recommended policies and actions to help reach these targets.

Cancer 2020 prevention targets include: reductions in tobacco use, increased consumption of vegetables and fruit, reduction of obesity, increased physical activity, reduction of alcohol consumption, reduction of ultraviolet exposure, and reduction of exposure to occupational and environmental carcinogens.

Cancer 2020 screening targets include: achieving a high level of participation in breast and cervical screening programs, and the creation of a provincial colorectal cancer screening program with a high rate of participation.

Progress is being made, particularly in tobacco control, but, as Ontario's population grows and ages, the total number of newly diagnosed cancers is expected to rise by two-thirds by 2020, unless more action is taken to prevent and detect cancers earlier.

For example, too few Ontarians are taking advantage of breast and cervical screening, and nearly 80% of those who should be screened have never been screened for colorectal cancer.

Ontario's Aboriginal Peoples are experiencing the fastest rising incidence of many cancers and require unique and culturally sensitive prevention and screening strategies.

A. PREVENTION

Cancer Care Ontario works with a number of players, including the Canadian Cancer Society and other cancer groups, the Ministry of Health Promotion, Public Health and other chronic disease groups, to reduce the risks and causes of cancer and other common diseases.

Across the province, a range of cancer prevention activities, each at a different stage, are under way:

1) Implementation of the Smoke-Free Ontario Strategy and legislation;
2) Strategy development (determining the plan and best approaches) for reducing obesity, increasing physical activity and reducing alcohol consumption; and
3) Assessment (identifying types and levels of risks) of environmental and occupational exposures.

A key part of Cancer Care Ontario's cancer prevention program, the Aboriginal Cancer Care Unit works in collaboration with Ontario's Aboriginal communi-

ties through the Joint Ontario Cancer Care Committee, the Aboriginal Tobacco Strategy Working Group, Aboriginal health professionals and front-line workers to advance the Aboriginal Cancer Strategy.

The Aboriginal Cancer Strategy is rooted in the holistic approach to health, reflecting the Aboriginal Peoples' perspectives on cancer and cancer care needs. Its two core functions are health promotion and disease prevention.

2006-07 Results and Progress

Continued Work on Reducing Smoking Rates

The *Report on Cancer 2020: A Call for Renewed Action 2006* states that 10% of female teens smoke compared with 8% of male teens, well beyond the 2% *Cancer 2020* target As well, 26% of adult men and 20% of adult women were smokers in 2003—much higher than the 5% target.

Comprehensive and aggressive tobacco control measures are, however, reducing smoking rates. The most recent indication is the government's announcement that tobacco consumption in Ontario has fallen 18.7% since 2003.

In 2006, we also saw the Ontario Government's *Smoke-Free Ontario Act* take effect. Cancer Care Ontario supports the implementation of this Act and the strategy through our delivery of the Media Network for a Smoke-Free Ontario program. The Network continues to provide media and public relations support to tobacco control advocates within regions and local communities. This year, Cancer Care Ontario provided the Regional Cancer Programs and members of the regional cancer prevention and screening networks with communications tool kits to help promote smoking cessation and prevention.

Cancer Care Ontario has taken the lead in, and will continue to administer, the Program Training and Consultation Centre, which provides training and technical assistance to professionals working in tobacco control in Ontario.

Tobacco Wise Media Campaign for Aboriginal Peoples

Launched in 2006, the Aboriginal Tobacco Strategy's initial focus is on reaching youth with its media campaign: "Youth for Tobacco Wise Communities."

The Tobacco Wise campaign seeks to increase awareness of the differences between traditional (for ceremonial uses, which do not involve smoking) and personal uses of tobacco, and to "de-normalize" and reduce the use of commercial tobacco. The campaign's website www.tobaccowise.com is also proving to be a successful way to reach Aboriginal youth.

Strategies for Reducing Obesity and Promoting Healthy Eating

The Ontario Government's *Healthy Eating and Active Living Plan* (HEAL), launched in 2006, provides a new opportunity for the health care and other sectors to tackle unhealthy weights and inactivity. More than one-third of all cancers are attributable to food, obesity and physical inactivity. Obesity is a formidable and growing health care threat, with 23% of men and 22% of women considered obese, according to a 2004 Canadian Community Health Survey. At the same time, physical activity rates are much lower than recommended.

Cancer Care Ontario has undertaken a number of cancer prevention initiatives in 2006–07 that complement and support the HEAL strategy.

Cancer Care Ontario-commissioned focus groups found that men aged 18–34 are among the lowest consumers of vegetables and fruit. The results of this research have been shared with health promoters in

Regional Cancer Programs, regional cancer prevention and screening networks and public health units across Ontario for local cancer prevention efforts.

Cancer Care Ontario has also partnered with XM Satellite Radio and the Canadian Cancer Society on a new health promotion and cancer prevention initiative. In exchange for the use of Cancer Care Ontario's nutrition education program TAKE Five[TM], XM Radio will produce up to six English and three French public service announcements that will be aired in 2007.

Given the magnitude of the harm caused by inactivity, unhealthy eating, and obesity, a concerted provincial campaign on the scale of Smoke-Free Ontario is required, building on the HEAL strategy and other initiatives.

Assessing Environmental and Occupational Risks

Compared with other cancer risk factors, there is limited high-quality evidence about the role of environmental and occupation exposures in cancer. Despite the lack of scientifically validated information, the public is highly concerned about the impact of the environment on cancer.

There is a great need for sustained investment to build surveillance systems to monitor the impact of environmental exposures and to create a body of research in this area.

The link between a number of workplace exposures, such as asbestos and radon, and certain types of cancer, however, is well established, which has enabled specific reduction policies and actions. There is evidence that some environmental carcinogens may increase the risk of certain cancers. It is therefore imperative to reduce known carcinogens to the lowest possible levels.

Cancer Care Ontario has been involved in two initiatives this year aimed at reducing known workplace and environmental carcinogens. We collaborated with the Workplace Safety and Insurance Board (WSIB) on a three-year pilot project to track the incidence of mesothelioma (associated with exposure to asbestos) by time and region in Ontario. This is an important step toward developing a high-quality surveillance system for monitoring the link between occupational carcinogens and cancer.

The Finnish CAREX information system is being modified for use in Ontario as a workplace carcinogen exposure surveillance tool for asbestos and other common carcinogens.

Cancer Care Ontario is a member of the Canadian Partnership Against Cancer's (previously the Canadian Strategy for Cancer Control) working group on Occupational and Environmental Cancer. Among the group's early plans will be to consider how the CAREX system can be applied to estimate environmental carcinogens.

Ultraviolet Radiation

There is substantial evidence that ultraviolet exposure causes common forms of skin cancer. Ontarians are spending too much unprotected time in the sun. In 2003, 30% of women and 37% of men reported having had at least one sunburn, well above the 8% *Cancer 2020* target.

This year, Cancer Care Ontario is participating with the National Cancer Institute of Canada and the Canadian Cancer Society in the Second National Sun Survey. This survey will generate the data needed to set priorities, and plan and evaluate programs to reduce exposure to ultraviolet radiation.

Cancer in Young Adults

This year also saw the release of *Cancer in Young Adults in Canada*, a report led by Cancer Care Ontario in collaboration with the Public Health Agency of Canada, that provides information about cancer patterns and trends in Canadians aged 20–44.

The report found that fewer young men are being

diagnosed with cancer while the number of diagnoses for young women remains stable. The report shows declining rates in a number of the more common cancers for young men, such as melanoma, lung and colorectal cancer; however, the rate of testicular cancer has been increasing by 2.2% per year.

The report also shows a first—more young women than young men are being diagnosed with and dying from lung cancer. However, incidence rates for some of the most common cancers affecting young women are dropping (cervical, colorectal and ovarian).

Lower rates of certain cancers are being largely attributed to prevention and detection programs, while rising rates of cancers, such as thyroid, largely require further study to understand the causes.

Next: 2007-08

- All of Ontario's 14 Regional Cancer Programs currently receive nominal funding to carry out *Cancer 2020* prevention priorities. Cancer Care Ontario is seeking additional support for the expansion of regional cancer prevention and screening activities to sustain current regional work while reaching *Cancer 2020* targets.

Obesity

- Cancer Care Ontario will continue to align its work with the *Healthy Eating and Active Living Plan*.

- Cancer Care Ontario will evaluate the health messages developed in partnership with the Canadian Cancer Society and XM Satellite Radio. If results are promising, we will work with them to develop additional cancer prevention radio messages for 2007.

Environmental and Occupational Risks

- In cooperation with the Workplace Safety and Insurance Board (WSIB), we have made a proposal to develop, pilot, and evaluate a physician notification system for mesothelioma (a cancer caused by asbestos exposure). The goal is to increase the proportion of patients with workplace asbestos exposure who are aware of their right to file a compensation claim.
- We also recommend sustained funding for research and surveillance systems to better understand environmental and occupational carcinogens.
- Cancer Care Ontario and the Canadian Cancer Society, Ontario Division, are jointly organizing a February 2007 symposium on environmental carcinogen use reduction for industry, government, health care researchers and non-governmental and environmental organizations in Ontario.

Aboriginal Cancer Strategy

- We will extend the identification of risk factors to include on-reserve populations (*First Nations Regional Health Survey*) and develop an ongoing system for producing *Cancer 2020* target indicators for these communities.
- A train-the-trainer learning series will be held to help First Nations and Métis communities create sustainable capacity within their communities to respond to colorectal cancer health care and other educational needs.

B. SCREENING

Screening is a highly effective way of reducing mortality for specific cancers (breast, cervical, colorectal). Furthermore, organized screening is the best way to ensure high participation rates and better health outcomes.

2006-07 Results and Progress

Ontario Breast Screening Program (OBSP)

Breast screening is conducted in both organized sites—those affiliated with the OBSP—and other locations, such as independent clinics.

While breast cancer screening mammography by either method is beneficial for women age 50 and over, organized screening has important, proven quality advantages over other screening: predictable and thorough recruitment, patient recall and follow-up by way of a central registry, ongoing quality assurance, and quality control and evaluation.

The Ontario Breast Screening Program provides

"I was fortunate enough to have my cancer detected early before it took a toll hold on me, and if it hadn't been detected so early it probably would have spread and wouldn't have been cured."

Leonard (Red) Kelly, NHL Player in 1950 - 1960s, colorectal cancer patient

high-quality services and meets Canadian and international standards for early detection of small invasive cancers. In addition, the time from screening to diagnosis for women with positive screens is shorter for women screened within the program than for women screened outside the program.

In 2005–06, the Ontario Breast Screening Program provided breast screening to 290,959 women, an increase of 13.5% (34,525 screens) over the previous fiscal year. Of these, 957 cases of cancer were detected.

This year, the Ontario Government Budget committed to increase funding for the Ontario Breast Screening Program over the next three years. This commitment will put Ontario in a better position to reach the province's breast screening targets (70% participation rate in Ontario women aged 50–69 by the year 2010).

Increasing Ontario Breast Screening Program Rates in Waterloo Wellington

Breast screening rates have continued to improve over the last two years in Waterloo Wellington after data from the Cancer System Quality Index revealed that rates for the Waterloo Wellington Regional Cancer Program were among the lowest in the province.

Through a number of regional programs and initiatives, the Regional Cancer Program has made significant strides in developing a centre of excellence in mammography diagnostic and screening programs and expanded screening throughout the region.

Until this fall, eligible women from Waterloo Wellington were traveling to Ontario Breast Screening Program (OBSP) sites in Hamilton or London to be screened. Statistics from the OBSP showed that less than 20% of screen-eligible women in Waterloo County, and 16% of those in Wellington were being screened through a local OBSP screening centre. As a result, a regional Ontario Breast Screening Program breast assessment centre has recently opened at Groves Memorial Hospital in Fergus.

Realizing that prevention starts at home, the Grand River Hospital developed the first staff screening program for breast cancer in the province. The program has proven to be extremely successful, with close to 50% of the eligible employees participating.

"This is a program for well woman and it's hard to talk them into coming to be screened because they are busy and are working full time. That is why the staff screening program really fits," says Jane Stacey, team lead, Mammography, Grand River Hospital. "This isn't just a hospital program. We could go out into our regions and approach any corporations where women are working to get the message out."

Every female employee at Grand River Hospital and partners of male employees are eligible to participate without a doctor's requisition. As an added incentive, each participant will receive a $25 gift certificate to a local restaurant.

Enrolling in the staff screening program may have saved Margot McAuliffe's life. "If they hadn't found it then, I might not be here today or a year from now."

Recently, the hospital issued a province-wide challenge to all breast imaging sites across the province, and sent out a detailed tool kit to 178 facilities with instructions to set up a staff screening program. Two have since picked up on the challenge and have begun to set up a staff screening program within their hospital.

"This year, it's anticipated that 7,500 men and women will be diagnosed with colorectal cancer and 3,100 men and women will die of this disease this year in our own province. These are not national figures, these are Ontario figures."

Dr. Linda Rabeneck, gastroenterologist and Vice-President of Cancer Services, Sunnybrook Health Sciences Centre

However, funding pressures persist because the current funding formula, developed 15 years ago, underestimates the growth in the number of women over age 50 needing a mammogram. The formula must be updated if we are to reach the screening targets.

The 2006 Cancer System Quality Index reports that, between 2003 and 2004, 56.4% of women over age 50 were screened, far short of accepted targets. An almost equal share of screen-eligible women was screened within and outside the OBSP (27.8% and 28.6% respectively), with increases in participation being seen for the OBSP but remaining unchanged for non-OBSP.

Thirteen new screening affiliates (including a mobile coach in Northwestern Ontario) and four new assessment affiliates (for women requiring follow-up tests) joined the OBSP, bringing the total to 111 participant screening centres and 21 assessment centres (as of March, 2006). In 2006–07, the Program plans to affiliate with up to 20 new breast screening sites and eight new breast assessment affiliates.

Cervical Screening

In July 2006, Health Canada approved a vaccine for females ages nine to 26 to protect them against four strains of the many types of the sexually transmitted Human Papillomavirus (HPV): two high-risk strains that cause cervical cancer, vulvar cancer and vaginal cancer, and two strains that cause genital warts.

While the vaccine is good news for young women not yet exposed to HPV, the vaccine does not eliminate the need for cervical cancer screening. Regular Pap tests are still the best way to prevent and detect cervical cancer.

Cancer Care Ontario is playing a key role in educating and advising health professionals and the public, especially parents and teenage females, about the HPV vaccine. In 2006, Cancer Care Ontario held a day long session to educate health professionals, researchers, academics and public health units about the HPV vaccine.

Colorectal Screening

Cancer Care Ontario is working with the Ontario Government and other health care stakeholders to introduce a province-wide colorectal screening program. This will make Ontario the first province with a colorectal screening program.

Colorectal cancer is the second leading cause of cancer death and the leading cause of non-tobacco related death. In 2006, more than 7,500 Ontarians will be diagnosed and 3,100 people will die from the disease. Yet, because colorectal cancer has a long pre-malignant phase (time for groups of cells to become cancerous), it can easily be identified through screening. There is a 90% chance of curing colorectal cancer is when it is detected early compared with just 10% for advanced-stage disease.

However, close to 80% of all Ontarians (ages 50–74) have not been screened. Fecal Occult Blood Testing,

or FOBT, is the only method of colorectal cancer screening that has been proven (in randomized trials) to reduce deaths from colorectal cancer—by at least 16% (when performed every two years) to 33% (when performed yearly). Only 10% of Ontarians over age 50 have received an FOBT.

The goals of Ontario's program will be to improve access to appropriate colorectal screening for all Ontarians aged 50–74, and for individuals at increased risk because of family history of colorectal cancer. Average-risk individuals will receive an FOBT to detect early signs of colorectal cancer. People with FOBT-positive results will then be referred for a colonoscopy—a procedure designed to detect cancerous polyps. Family physicians will also refer individuals with increased risk for a colonoscopy.

Next: 2007-08

Breast Screening – Digital Mammography

- Cancer Care Ontario is seeking funds to replace aging film-screen mammography units in the Ontario Breast Screening Program, and to create a longer term equipment plan that includes a phase-in of digital mammography over the next six years. Digital mammography contributes to more accurate cancer detection for certain populations of women; it yields more scans thereby contributing to reduced wait times and ultimately leading to women receiving treatment sooner with better survival.
- We will also increase recruitment of affiliates (22 new screening and 12 assessment sites) and the the participation rate for the Ontario Breast Screening Program.

Colorectal Screening

- Cancer Care Ontario will work with the ministry to implement a provincial colorectal cancer screening program.

Integrated Screening

- Cancer Care Ontario is analyzing the feasibility and benefits of an integrated approach to cancer screening. The objectives would be to increase participation and early detection rates, reduce the number of people getting and dying from cancer, improve efficiency and convenience for individuals and for health professionals, and improve flexibility to adapt to new technologies.

II. ACCESS

While wait times are the most top-of-mind access issue for the general public and serve as an important barometer for how well the cancer system is working, access for patients is much broader than just wait times.

How patients of different socioeconomic and cultural backgrounds and communities access services, and how timely and appropriately patients "travel" the patient care journey (from initial screening or assessment to diagnosis, treatment and after care) are all important issues that need our attention.

Cancer Care Ontario's initial focus has been on improving access to cancer treatment. Investments in radiation therapy capacity have dramatically improved wait times, while funds for additional cancer surgeries have held wait times in check in the face of growing demand. Continued investment in cancer treatment and efforts to improve the efficiency of the delivery system are needed to bring wait times in line with targets and to meet ever growing demand for these services.

We also know that one of the most anxious waits occurs after a first visit with a family physician, when a patient must wait for referrals for assessment and diagnosis. There is a lack of information about these waits because Ontario does not have information systems that track patients between primary care and cancer treatment services. Through our work on diagnostic assessment units, Cancer Care Ontario will address this wait in 2007-08.

This section highlights progress being made on different aspects of access, and where more needs to be done, including:

- The establishment of wait time targets;
- Progress in wait times for radiation, cancer surgery and systemic therapy;
- The creation of a Wait Time Information System to monitor, manage and report surgical wait times;
- Innovations to reduce wait times, such as diagnostic assessment units;
- Capital expansion to improve regional access to services;
- Palliative care initiatives to improve access across the cancer care continuum.

2006-07 Results and Progress

Wait Time Targets

Cancer Care Ontario has been publicly reporting radiation wait times for radiation treatment since early 2004 and systemic therapy wait times since early 2005.

In 2006, The Ontario Wait Times Strategy began reporting and posting cancer surgery waits on its website. The Strategy is the government's plan to increase access and reduce wait times for five major health services: cancer surgery, cardiac procedures, cataract surgery, hip and knee replacements, and MRI and CT exams.

This year, through a Cancer Care Ontario-led expert panel, we have set targets and performance indicators for radiation, surgery and systemic therapy wait times. Different targets have been established based on the relative urgency of the cancer being treated. (The panel's recommended targets for cancer surgery were also adopted this year by the province's Wait Time Strategy.)

Cancer Care Ontario is working with hospitals and providers to meet these targets. All 14 Regional Cancer Programs have also committed to specific targets for each of the three treatment types.

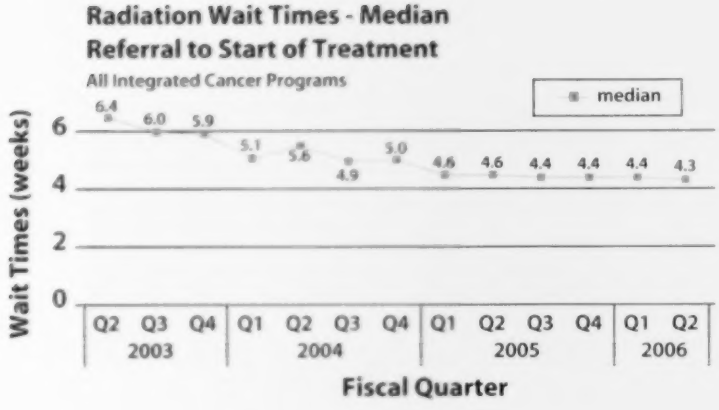
Radiation Treatment Wait Times

Over the last three years, as a result of better planning and investments in new and expanded cancer centres, radiation equipment replacement and personnel, median provincial radiation wait times have dropped a staggering 33%, from 6.4 weeks to 4.3 weeks. Radiation wait times have continued to improve this year, dropping 6.5% from spring 2006 to fall 2006.

Comparing favourably with Canada's provincial and territorial radiation treatment benchmarks (four weeks from the interval of being "ready to treat" to receiving treatment), Ontario's median wait time was 2.1 weeks (September 2006). Eighty percent of Ontario's radiation cases are being treated within the four-week benchmark. (Cancer Care Ontario reports wait times for a longer interval, from the start of referral to specialist to receiving treatment.)

Cancer Surgery Wait Times

Ontario has made dramatic and lasting improvements in its ability to manage cancer surgery wait times. We now have accepted definitions of wait times, accepted targets, and knowledge of how many cancer surgeries are being performed and of their related wait times. Hospitals that receive cancer



wait time funding are adopting quality standards linked to the funding, resulting in improved standards of care.

Overall, the picture of Ontario cancer surgery wait times is encouraging, having stemmed the tide of continually growing wait times seen in the late 1990s and early 2000s. As of August/September 2006, 89% of cancer surgeries are being provided within 84 days. (The Wait Time Strategy target is 90%).

While there has been a drop in wait times for most types of cancer surgery between August/September 2005 and August/September 2006 (seven of the 10 cancer types), there was a significant increase in waits for certain types of cancer surgery where we continue to experience challenges. These tend to be highly specialized and more complex cancer surgeries that are delivered in larger hospitals. In December 2006, Cancer Care Ontario developed an action plan for hospitals and the Wait Time Strategy to address specific challenges in hospitals and regions, and for certain types of cancer.

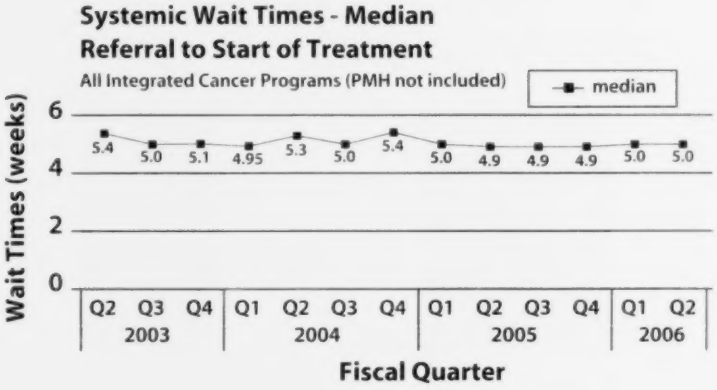
As a result of Ontario's Wait Times Strategy, 4,850 more cancer surgeries will be delivered by the end of 2006-07. Overall, approximately 11,000 additional cancer surgeries have been funded since the Strategy began in 2004-05. As well, hospitals receiving additional funds to carry out cancer surgeries under the Wait Times Strategy also agree to achieve certain standards to quality. (See page 44 for details of this "pay for performance" initiative.) As for all the Wait Times Strategy clinical areas, hospitals that are receiving additional funds must also regularly report wait times to Cancer Care Ontario using a provincial information system established and maintained by Cancer Care Ontario.

Systemic Therapy Treatments

Ensuring timely access to high-quality and affordable new cancer drugs remains one of the cancer system's greatest challenges.

Chemotherapy wait times have remained relatively stable in the face of an increasing number of patients being treated with chemotherapy and other systemic therapies, due in large measure to the efforts of hospitals and health professionals.

In 2006-07, provincial median waits (from referral to



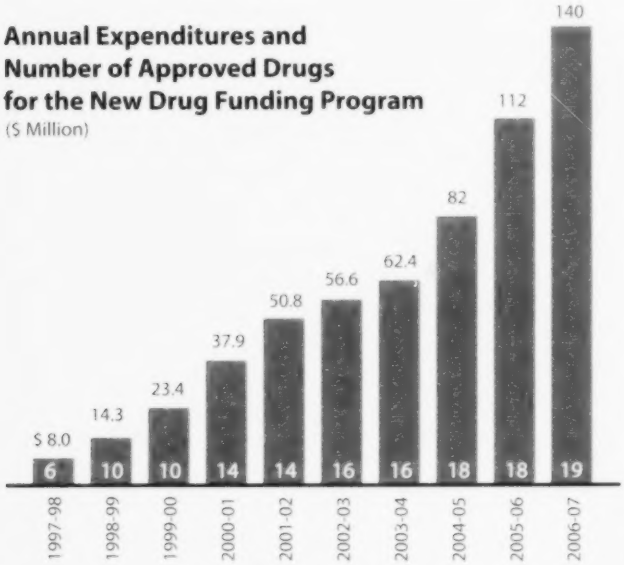
start of treatment) have remained stable with minor reductions in some locations. Wait times for chemotherapy have been relatively flat over the last three to four years. Hospitals will deliver a total of 35,383 treatments this year. We anticipate that 68% of all cancer patients will be seen within four weeks by year-end—this represents 9% more patients than last year.

Holding down systemic wait times, however, is becoming increasingly challenging with the current numbers of medical oncologists, physical space and distribution of chemotherapy services across the province.

Managing Access to Anti-cancer Drugs

Administered by Cancer Care Ontario, the New Drug Funding Program funds new and often very expensive intravenous cancer drugs. The Program funds about 75% of the total cost of all IV cancer drugs given in about 92 hospitals, while hospitals cover costs for the remaining 25% and for older drugs approved *before* the Program was created.

Annual Expenditures and Number of Approved Drugs for the New Drug Funding Program
($ Million)



Before the New Drug Funding Program was created to improve consistency and equity, each hospital independently determined which IV cancer drugs would be provided and funded—creating a patchwork of access across hospitals.

The program has grown from a $4.3 million program in 1995–96, reimbursing six drugs for eight indications for 2,425 patients, to a projected $140 million program in 2006–07, reimbursing 19 drugs for 48 indications for 21,929 patients. In recent years, the Program has been growing at a rate of 35% a year.

Plan for Systemic Therapy

In 2007-08, Cancer Care Ontario will work with Regional Cancer Programs to develop regional plans for systemic therapy to better address their immediate and long-term needs. This includes increasing capacity, redistributing patients to hospitals with more space and resources, and making best use of available resources. These initiatives are expected to reduce wait times while maintaining high quality. The planning framework is underpinned by a set of quality standards (to be published in 2007) for organizations. The plans will also outline the necessary steps and investments required to implement these new standards in conjunction with clinical practice guidelines, recently published standards for multidisciplinary case conferences (see page 50) and enhancements to the provincial drug formulary.

This approach will address all chemotherapy provided in the province. Currently, only outpatient treatments funded by Cancer Care Ontario and Princess Margaret Hospital are tracked, representing approximately 50% of all chemotherapy delivered in Ontario. To enable better management at the regional level, we must monitor and report data on all chemotherapy, including treatments provided in community hospitals and inpatient treatments.

Timely Access to Systemic Therapy Services in North West Ontario

The Regional Cancer Program at Thunder Bay Regional Health Sciences Centre had been facing challenges to deliver systemic therapy to its patients in a timely way.

The challenge stemmed from shortages in clinicians, capacity issues within the centre, changes in treatment protocols and new chemotherapy drugs.

Previously, 30% of the region's cancer patients were treated by a regional Community Outreach Program whereby patients received their first dose at the centre in Thunder Bay and their remaining doses at Regional Community Outreach Program sites.

The RCP realized that, while individual responsibility for improvements in wait times to treatment had largely rested with its medical oncologists, in fact each department and their staffs have an integral role in the patient experience.

Over the summer and fall of 2006, the regional cancer centre made a concerted effort to educate staff about wait times and how they might contribute to improving them. As well, the regional cancer centre began to more closely monitor the week-to-week wait times data. Staff oncologists highlighted the importance of the "ready to treat flag" entered whenever chemotherapy is ordered for the start of treatment for a patient, as a means to better measure and monitor treatment times.

In the first three months of this project (2006-07 Q1), the actual wait times from referral to consult for all disease sites referred to systemic therapy averaged 2.8 weeks—a great improvement over a high of 5.4 weeks occurring one year earlier. As well, the project helped identify the need for an additional medical oncologist to meet the region's demand for systemic therapy.

"For the first time in Ontario, we have a single system for collecting accurate and timely wait times data. In just under a year, this Wait Time Information System has gone from dream to reality — giving patients and practitioners the kind of information they need to make better health care decisions and improve access to quality care," says Dr. Alan Hudson, Lead of Ontario's Wait Time Strategy. ***"Congratulations to Cancer Care Ontario for its leadership in developing and managing this system in addition to its daily duties overseeing cancer services and prevention programs."***

Using Information Systems to Manage Wait Lists and Coordinate Care

This year, Cancer Care Ontario was contracted by the Ontario Ministry of Health and Long-Term Care to develop the *Wait Time Information System* (WTIS) and the *Enterprise Master Patient Index* (EMPI) for all five of the government's Wait Time Strategy priority areas (cancer surgery, cataract surgery, cardiac procedures, hip and knee replacement, and MRI and CT scans).

While the WTIS is used to report to patients, primary caregivers and the public about wait times at hospitals (see ontariowaittimes.com), its primary purpose is to provide surgeons, administrators and health systems managers with information to better monitor and manage wait lists. Implementing Ontario's first provincial system to track and report wait times also required a client registry. The EMPI links patient information from numerous sources to facilitate safe, effective patient management. The EMPI is a cornerstone of Ontario's electronic health record.

By December 2006, the WTIS-EMPI was implemented in 53 hospitals representing 90% of the volume for the five funded priority procedures. By summer 2007, when fully implemented in all funded areas, the system will help 1,700 surgeons take care of 255,000 patients waiting for surgery and 1.2 million patients waiting for MRI and CT scans.

This will be a significant milestone and a first in Canada.

Improving Patient Access to Treatment through New or Expanded Cancer Centres

Capital Projects

All six new regional cancer centres and expansions recommended in the *Ontario Cancer Plan* have been approved and announced by the Ministry of Health and Long-Term Care.

More cancer centres have been built, expanded and committed to over the last two years than ever before in Ontario.

Over the past three years, new regional cancer centres were announced for Algoma at the Sault Ste. Marie Area Hospital, Niagara Regional Hospital, the Royal Victoria Hospital in Barrie, and Southlake Regional Health Centre in Newmarket.

Grand River Regional Cancer Centre

Expansions were also announced for The Ottawa Hospital Regional Cancer Centre and the Cancer Centre of Southeastern Ontario in Kingston.

The redeveloped Juravinski Cancer Centre in Hamilton and the new Carlo Fidani Peel Regional Cancer Centre opened in the past two years.

The new R.S. McLaughlin Durham Regional Cancer Centre is scheduled to open in May 2007.

The province is heading into the critical phase of ensuring that new and expanded centres are built on time to meet the predicted growth in cancer and to keep wait times down.

Improving Patient Access to Radiation Treatment through New and Replacement Equipment

Radiation Equipment

Like cancer facilities, radiation equipment must be regularly upgraded and replaced. Ontario's inventory of radiation machines is growing, but that means more of it is aging equipment that needs to be replaced. Furthermore, new technologies contribute to better, faster and safer care.

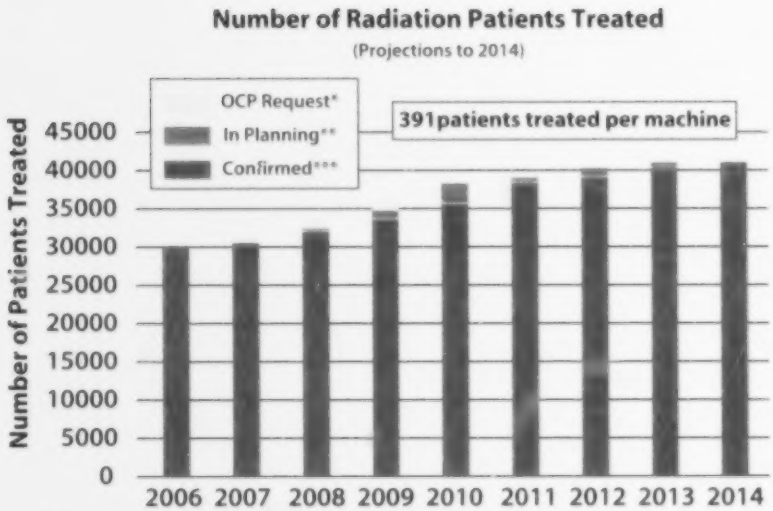
This year, for the first time in seven years, the government increased annual funding for replace-

R.S. McLaughlin Durham Regional Cancer Centre to open in 2007

ment radiation equipment by $3.6 million for a total investment of $33.1 million.

This funding is a step toward the additional $10 million recommended in the *Ontario Cancer Plan: 2005 Progress Report* to keep pace with replacement needs and new technologies, and has enabled an additional 1,208 patients to receive treatment this year.

The government also provided $5 million to the cancer centre in Peel to provide additional treatments with the purchase of an additional linear accelerator and simulator.



* OCP Request: additional machines needed to meet treatment needs that have not been funded

** In Planning: capital project in planning (partially included in OCP request)

*** Confirmed: capital investments secured

Improving Patient Access to Radiation Treatment through More Physicists

Radiation Physicists

Clinical physicists are a necessary part of radiation treatment, but the supply of these critical health professionals has not kept up with the increasing number of radiation treatments.

A training program was established in the 1970s to ensure appropriate on-the-job training for physicists in radiation oncology. This program, now delivered by Cancer Care Ontario, is vital to maintaining a trained workforce that is able to meet quality standards for an ever growing number of cancer patients.

Currently, Ontario has a deficit of about 15 to 20 staff physicists.

Diagnostic Assessment Units

For many people, one of the most significant waits is the time it takes to learn whether their screening results or symptoms mean they have cancer. Although comprehensive data are not available, we do know that for more than half of people with suspected

"Rather than endure the many weeks of waiting for referrals, appointments and test results at a variety of health care facilities, a Breast Assessment Centre dedicated to the integrated and coordinated delivery of breast cancer care will certainly facilitate the seamless and ultimately less stressful approach to breast cancer care."

Anna Johnston, Breast Cancer Patient

"With radiation and chemotherapy services offered in Niagara once the Niagara Regional Cancer Centre opens, the need for patients to travel back and forth to Hamilton at such a stressful and exhausting time in their lives will no longer be the norm. There will be patients who have to, or choose to, go to Hamilton for special consultations or care, but the majority of Niagara residents will be able to access the cancer care they need right here in Niagara."

Linda Boich, Vice-President, Clinical Services and Senior Executive Responsible for the Cancer Program, Niagara Health System

breast cancer, for example, this anxiety-ridden period can last more than 20 weeks, and there is significant and unexplained geographic variation in these waits.

Diagnostic assessment units shorten a patient's wait for diagnosis by providing a single point of access for assessment with much better coordination and more efficient testing. In addition to shortening the time to diagnosis, diagnostic assessment units increase the likelihood that patients get appropriate and timely referrals for surgery and subsequent radiation and systemic treatment (if required), and ultimately, enhanced care.

Diagnostic assessment units have been introduced successfully in the United Kingdom and elsewhere.

Building a continuum of care for all cancer patients: focus on palliative care

There is much work to be done to improve access to palliative care for cancer patients. We know that the needs of palliative patients are complex (including emotional support, pain and symptom management, and nutrition), requiring the active coordination of a number of health providers. We also know that many cancer patients find it difficult to access the care they need during their last months or weeks of life.

Currently, 56% of Ontario's cancer patients die in hospital. According to research, 80%–90% of these cancer patients would prefer to die out of hospital in their home or hospice. With 80%–85% of all palliative care patients having cancer, there is a significant need to ensure health providers are well resourced to better assess, coordinate and provide quality care to patients dying with cancer, and to ensure more of these patients die in the place of their choice.

Palliative Care Strategy

This year, Cancer Care Ontario created a multi-year strategy to improve palliative care. In 2006-07, our efforts have focused on the launch of the Provincial Palliative Care Integration Project (PPCIP) in 13 LHINs across Ontario. This quality improvement project is based on a successful palliative care integration initiative that was implemented in the South East LHIN region.

This project uses standardized self-assessment tools that allow patients to describe the severity of their own symptoms. The self-assessment is reviewed by the care team, who also make use of symptom management guidelines and collaborative care plans that provide direction on how to manage the symptoms most effectively.

A unique feature of the project is the involvement of hospitals, Community Care Access Centres and other community agencies within Ontario's Regional End-of-Life Care Networks in a formal quality

improvement program with highly specified improvement aims. Initially, the 13 projects will focus their attention on lung cancer patients, all palliative care patients in regional cancer centres, and long-term supportive care and end-of-life community cancer patients.

Next: 2007-08

Wait Times

- Cancer Care Ontario will work with hospitals to resolve specific wait time problems and continue to support all hospitals to meet surgical wait time targets.
- Cancer Care Ontario is also seeking funds to support contractual and performance management obligations tied to additional surgeries. In 2007-08, we will measure and report on how well hospitals and LHINs are performing against accepted provincial wait time targets.
- Further development of wait times indicators beyond current treatment-based measures (e.g., diagnosis to first treatment) will take place through the work on diagnostic assessment units.

Capital Projects

- In 2007–08 the Southlake (Newmarket) Regional Cancer Centre will be under construction and the centres in Algoma, Ottawa, Kingston, Barrie and Niagara will undergo design development.

Radiation Equipment

- Cancer Care Ontario is seeking an additional $10 million to replace radiation therapy equipment as the costs of scheduled machine replacement exceed the current replacement funding. We anticipate that, in 2007–08, the cost of replacing eligible radiation equipment (in all of Ontario's operating regional cancer centres) will be $57 million.

  While the government provided additional funding of $3.6 million for equipment replacement in 2006-07, deferrals from previous years have compounded replacement funding shortfalls.

  Moreover, the current funding mechanism to replace major capital equipment does not fully accommodate new and emerging technology.
- Cancer Care Ontario is also seeking funding for linear accelerators for the Oshawa, Credit Valley and Grand River centres. These centres already have constructed facilities for these accelerators. Funding equipment for these sites will result in additional treatment capacity being brought to these centres in the same year.

Physicist Training

- We are also seeking support for an additional 10 physicist training positions to catch up with and stay ahead of anticipated need.

  With current cancer centre expansions under way, we expect an increase in radiation therapy utilization plus a need for additional treatment capacity, including more radiation physicists.

Palliative Care

- Cancer Care Ontario is seeking funding to continue and expand the Provincial Palliative Care Integration Project to a broader group of patients and to expand use of web-based tools that allow patients to access support from any location and provide a rich dataset for planning and quality management.
- We are also requesting funding to develop a research and teaching hospice in the Toronto downtown core.

VARIAN

III. QUALITY AND OUTCOMES

While timely care is crucial to patients' health and well-being, the quality of cancer care that patients receive is paramount. Quality care is the application of the best, most current knowledge, technical and clinical skills, and resources required to achieve the high standards of practice that will help us achieve the best health outcomes.

Cancer Care Ontario fosters an evidence-based culture in the cancer community and works with many experts and stakeholders to develop and actively implement better treatment and organizational standards to ensure patients receive the highest quality and most effective methods of care. As well, we pursue various strategies (e.g., linking funding to quality conditions), electronic tools (e.g.,computerized physician order entry), and methods of inter-professional collaboration (multidisciplinary case conferences (see page 50)) to improve quality in all aspects of cancer care.

Ontario has a well established track record and reputation in its development of clinical guidelines and, more recently, organizational standards for cancer treatment and screening. The implementation of the organizational guidelines and standards is a more recent undertaking; however, Cancer Care Ontario has gained considerably more experience with active implementation of quality improvements in the last year.

For example, we learned from the successful implementation of the Lymph Node Retrieval Outreach and Remediation Strategy (colorectal surgery standards) and the pathology reporting project that standards and guidelines can create measurable improvements only with the support of coordinated provincial and regional implementation efforts, targeted strategies and investments, and rigorous project management.

The goal is to make sure high-quality care is accessible to everyone, as close to home as possible. However, in the case of specialized and complex care, the quality and safety of the care being delivered must take precedence over the availability of services in a particular location or region.

Improving Patient Care by Linking Funding to Quality Improvement

Funding Linked to Quality

Ontario is beginning to adapt an approach used in other jurisdictions, including the U.K., to use funding strategically to promote and reward quality and results.

Cancer Care Ontario has pioneered this approach, commonly called "pay for performance," in Ontario's health care system by tying quality conditions to funding we allocate to hospitals to reduce surgical wait times. The traditional approach to health care funding—which remains the mainstream in Ontario—is to pay providers for volumes of services or activity

"The Cancer Surgery Agreements introduced the element of accountability. In other words, Cancer Care Ontario will provide the funding for you (the hospital) to deliver the services, provided you measure the quality of the services you provide."

Jack Kitts, President and CEO, The Ottawa Hospital

that may or may not achieve the best health outcomes or match the needs of the patients in a population.

The province's Wait Times Strategy, in particular, has been used to link funding to quality patient care. Cancer Care Ontario now requires all hospitals that receive additional cancer surgery funding to agree to achieve certain standards to qualify.

Now in their second year, Cancer Surgery Agreements have been established with 43 hospitals—all participate in key clinical quality initiatives and report on their performance against a common set of measures, which includes participating in multidisciplinary care conferences (see page 50), standards for pathology and reporting and quality of staging (see page 52 for details), and participation in surgical quality improvement processes.

Putting Quality Improvements into Action through Clinical and Organizational Standards

Clinical and Organizational Standards

Cancer Care Ontario's Program in Evidence-Based Care has established an international reputation in the rigorous synthesis of evidence, expert interpretation and clinician engagement. There is a long tradition of providing guidelines for when and how *individual* patients should be treated (e.g., clinical practice guidelines for treatment of a particular cancer at a particular stage).

In order to make further gains in treatment populations of patients, Cancer Care Ontario has recently moved to translate our expertise in creating and

Anticipated Status of Standards by Implementation Phase for 2007-08

	Develop	Implement	Operational
Prevention & Screening	- Colorectal screening	- Colorectal screening	
Diagnosis	- Diagnostic assessment units	- Additional colonoscopy capacity	
Treatment	- Prostate surgery - Infusion pump safety - Advanced care planning - High dose radiation - Patient education	- Palliative patient assessment and care planning - Regional chemotherapy delivery - Multi-disciplinary case conferencing - Radiation incident reporting - Intensity modulated radiation treatment - Infusion pump safety - Thoracic and HPB surgery - Pain management	- Wait times – surgery, systemic, and radiation - Pathology checklist reporting

applying clinical guidelines into the more complicated area of organizational standards, which set minimum, system-wide expectations for personnel, facilities and services. These standards have been developed by expert panels comprising clinicians and administrators from across Ontario. They are based on evidence that links better outcomes to these organizational models.

Cancer Care Ontario has been working with Ontario hospitals to make substantial progress in the quality, safety and outcomes of cancer surgeries. We expect to translate this knowledge into other areas of treatment and care—particularly chemotherapy, where access and care vary considerably across the province.

2006-07 Results and Progress

Colorectal Cancer Surgical Standards

As a result of this initiative, there was a 9% increase (60% to 69% from 2004 to 2005) in surgeries being performed to standard. Studies that examine compliance with such standards show that increased surgical retrieval of lymph nodes leads to better staging (determination of the extent of a patient's cancer) and, ultimately, better patient outcomes and survival.

"The impact on patients was direct. Prior to initiating this improvement, our 12 lymph node count was only 46%. By the time we had really gotten all of the initiatives in place, our lymph node count went to 92%. That means in 92% of patients, we were accurately staging their colon and rectal cancers." Dr. Craig McFadyen, Grand River Regional Cancer Centre

Organizational Standards for Thoracic Cancer Surgery

This year, hospitals, together with Cancer Care Ontario, began implementing Ontario's first organizational quality standards for thoracic cancer surgery. While mortality rates for thoracic surgery are generally in keeping with those from other jurisdictions, the 2005 Cancer System Quality Index revealed that there is significant variation between regions and hospitals in death rate in the month following thoracic surgery.

This prompted Cancer Care Ontario to create, and now implement, organizational standards for both thoracic surgery and other complex high-risk surgeries. These standards identify the qualifications/certification, resources and surgery volumes needed for optimal outcomes in patients undergoing complex lung surgeries.

Organizational Standards for HPB Surgeries

Cancer Care Ontario has also turned our attention to other highly complex, high-risk surgeries that should only be delivered in a small number of facilities that meet certain minimum criteria in terms of infrastructure, surgical volumes, human resources and expertise.

In 2006-07, we developed and began implementing organizational standards for hepatic (liver), pancreatic and biliary (bile duct of liver) surgeries.

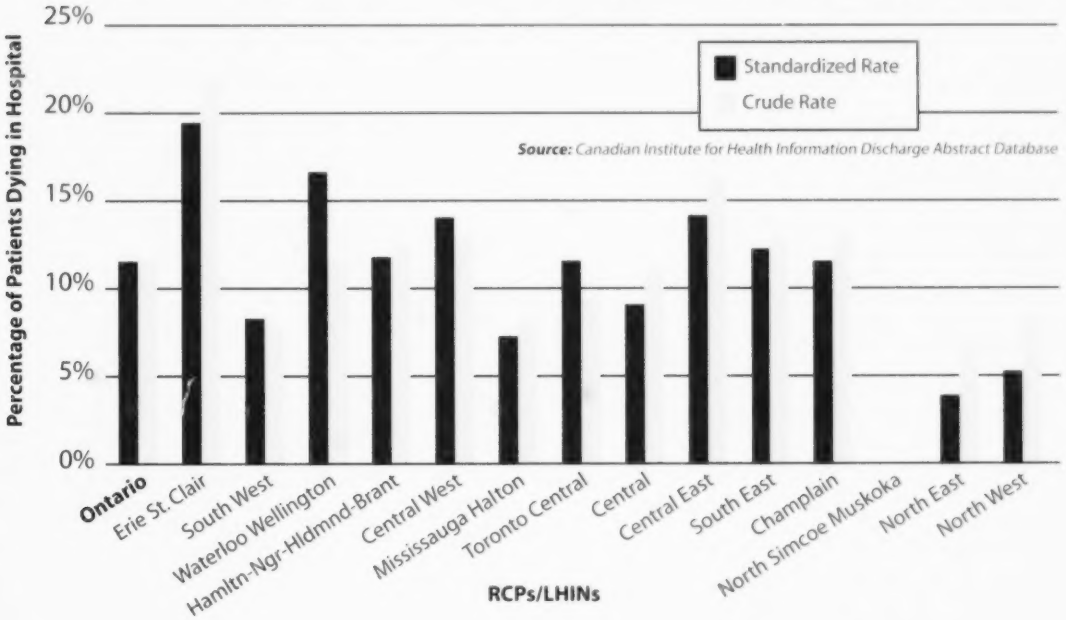
Organizational Standards for Systemic Therapy

For Ontario to achieve more timely and improved standards of patient care for systemic therapy, we also need to develop better approaches to region-level planning. Following the example of surgical service delivery plans, we have been working extensively to develop organizational standards for systemic therapy, which will be implemented in all Regional Cancer Programs/LHINs.

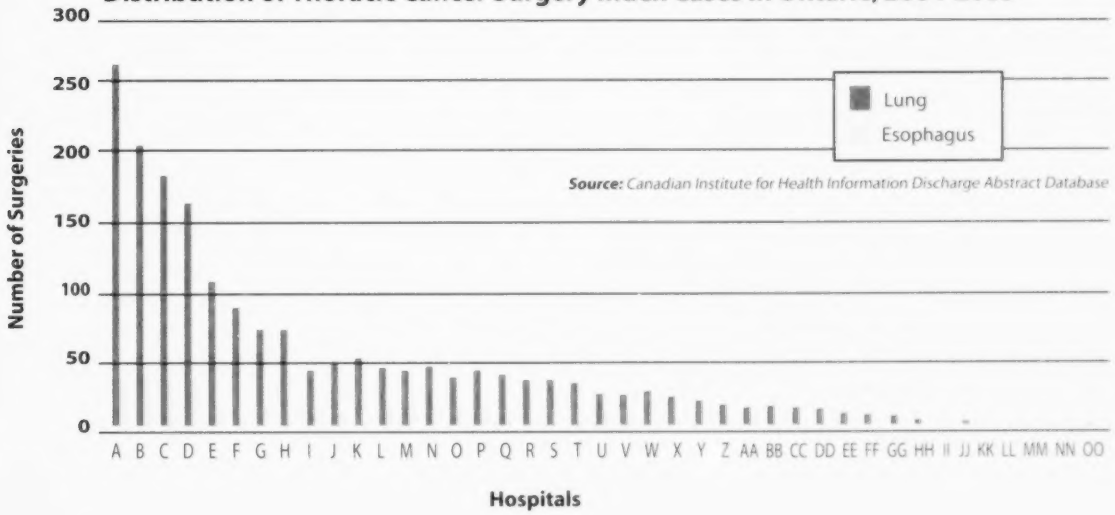
Currently, chemotherapy is funded in a variety of ways, leading to inequities that affect distribution of care. This initiative will be backed up by a parallel, Cancer Care Ontario-led, effort to develop a more sustainable and equitable funding approach to systemic therapy.

Deaths Following Lung Cancer Surgery

Percentage of patients dying in hospital or within 30 days following pneumonectomy (by LHIN, Fiscal years 2002-2004)



Distribution of Thoracic Cancer Surgery Index Cases in Ontario, 2004-2005


300
250
200
150
100
50
0
Lung
Esophagus
Source: Canadian Institute for Health Information Discharge Abstract Database
Number of Surgeries
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z AA BB CC DD EE FF GG HH II JJ KK LL MM NN OO
Hospitals

Sunnybrook Health Sciences Centre and Toronto East General Hospital: Working Together to Improve the Quality of Thoracic Surgery

Sunnybrook Health Sciences Centre and Toronto East General Hospital joined together to develop a regional thoracic surgery program for lung cancer patients in north and south east Toronto in July 2005.

"The Toronto East General Hospital and Sunnybrook partnership is an excellent example of how hospitals can work together to optimize existing capacity to enhance patient care," says Rob Devitt, president and CEO, Toronto East General Hospital. "We are very pleased to formalize this partnership, which creates a foundation for future collaborative work."

Through this agreement, the two centres have developed an integrated multidisciplinary thoracic surgery program that capitalized on the expertise and capacity of the thoracic surgeons at Toronto East General Hospital and the oncologists and interdisciplinary teams at both hospitals.

Thoracic surgeons from Toronto East General Hospital visit the Toronto Sunnybrook Regional Cancer Centre, the comprehensive cancer program of Sunnybrook Health Sciences Centre, and participate in the lung tumour board every week. In exchange, radiation oncologists from Sunnybrook host lung cancer patient clinics at Toronto East General Hospital. Medical oncologists are offered through both centres.

"Sunnybrook Health Sciences Centre and Toronto East General Hospital are committed to ensuring timely access to thoracic surgery for cancer patients," said Leo Steven, president and CEO, Sunnybrook Health Sciences Centre. "We are very pleased about this collaboration."

Computerized Physician Drug Ordering

Cancer Care Ontario's internationally recognized computerized physician drug ordering system, Oncology Patient Information System (OPIS 2000/2005, now commonly known as CPOE – Computerized Physician Order Entry) was custom designed to meet the specific needs of the province's oncologists and their patients.

Systemic therapy is complex to manage and has a narrow therapeutic range—a dose too low means the patient is not getting the effects of the treatment and a dose too high means the patient is receiving a toxic amount of the drug.

Yet, in most of the world today, chemotherapy and other systemic therapies are managed by paper-based processes that are more prone than electronic systems to errors—sometimes fatal.

Ontario's CPOE system improves patient safety and care by eliminating illegible handwriting and flagging drug allergy, drug–drug interaction, or drug–disease interaction alerts when medications are ordered, reducing errors in medication dosage, route or frequency, improving communication among health providers, and helping to track cancer drug use system-wide.

This year, Cancer Care Ontario's CPOE system was expanded and adopted by physicians and associated clinicians in the ambulatory cancer care settings of three additional facilities (Princess Margaret Hospital, William Osler Health Centre and Grand River Regional Cancer Centre) bringing the total number of hospitals in the province using the system to 11.

Currently, over 50% of all chemotherapy orders in Ontario (600,000) are being placed electronically by 500 physicians. No other jurisdiction in Canada has successfully used electronic health record technolo-

Virginia Flintoft, MSc RN
Patient Representative,
Cancer Quality Council of Ontario

gies to achieve this level of CPOE adoption.

The program has achieved unprecedented physician support: 100% in all participating hospitals so far—as a direct result of their involvement in the design of the product.

Our goal is to have 90% of the province's physician-ordered intravenous and oral cancer drugs processed through OPIS by 2010.

Multidisciplinary Case Conferencing

This year, Cancer Care Ontario supported the implementation of a multidisciplinary case conferencing (MCC or tumour board) standard to all 43 hospitals that received cancer surgery wait time funding.

MCC's allow multidisciplinary team members to regularly review and make recommendations about the management of individual patients' cases. MCC's have been shown to increase the likelihood of patients receiving up-to-date, evidence-based care. For example, by regularly bringing surgeons, clinical oncologists and others together, MCC's ensure patients who require chemotherapy (and those who don't) are quickly identified and receive care specific to their needs.

Standardized Pathology Reporting

Over the past year, we have made substantial progress working with hospitals (those receiving wait time funding) to implement quality standards for cancer-related pathology reporting. Standardized pathology reporting increases the availability and consistency of cancer pathology information that's essential for treatment decisions, evaluation and research.

Innovative Approach to Creating Ontario's First Videoconference Tumour Board

Similar to other Ontario Regional Cancer Programs that have many community hospitals (but no academic health science centre) distributed across large geographic areas, the North Simcoe Muskoka RCP faced particular challenges in creating its first formal multidisciplinary care conference (tumour board or MCC).

While large centres such as Toronto or Ottawa have well-established tumour boards (the seven hospitals in North Simcoe Muskoka RCP's hospitals have mostly general surgeons, some practicing alone, without the benefit of other cancer specialists present.

This year, without the benefit of yet having its cancer centre built, and under the leadership of the region's surgical oncology lead, the Royal Victoria Hospital set out to create multidisciplinary care conferences that would include all surgeons performing cancer surgery within the region.

It was determined, that given travel and time restraints, video-conferencing was the best way to bring all surgeons together for regular bi-weekly meetings. Using the Ontario Telehealth Network, the MCC relies on videoconferencing (in all sites) and the use of equipment that displays high resolution diagnostic and lab pathology slide imaging so that all participants can review a patient's charts at same time.

This model is a first for Ontario. The MCC has 100% participation and allows surgeons to come together to consult regularly as colleagues, and in effect, build a community of practice. And, while the region lacks a radiation oncologist, they were able, through video-conferencing, to enlist a consultant from Princess Margaret Hospital.

In 2006-07, the consistency of pathology reports improved markedly. The 2006 Cancer System Quality Index reported that 76% of current pathology reports meet the Pathology Reporting Checklist standard. Each regional cancer centre has also set interim improvement targets for this year as a step toward meeting or exceeding the goal of 90%, across 16 disease site groups.

Cancer Care Ontario is piloting different formats of pathology checklists, including computerized checklists, at different sites.

Stage Capture

Staging (determining the stage of progression of a patient's cancer) is critical for physicians to make diagnosis and treatments decisions as well as for cancer centres to coordinate services and resources.

This year, through the Stage Capture Project, Cancer Care Ontario redoubled its efforts to improve the capture rate and validity of stage data reported to Cancer Care Ontario and to develop and implement the optimum stage capture program for Ontario. The project's goals are to develop and test data collection processes, tools and supports to enable timely access to accurate, complete and comparable cancer stage information, and other important prognostic factors, for all Ontario patients.

The Project targets are to double the current stage capture rate of 33% of all cases in regional cancer centres by the end of 2007-08, with a view to capturing 90%, for all cases by 2011.

Next: 2007-08

Systemic Therapy Planning

- Cancer Care Ontario will be leading a province-wide effort to implement organizational standards for systemic therapy delivery. This will include the development of a framework for local planning and information on: projected patient need, patterns of systemic therapy use, and information on inter-LHIN treatment patterns. Cancer Care Ontario will also identify human resources required to support the plan.
- Cancer Care Ontario seeks funding to support regional adoption of this plan.

Organizational Standards

- Regional Cancer Programs have committed to the target of full implementation of the both the thoracic and HPB standards by the end of 2008.

Expand Pathology Reporting

- Cancer Care Ontario will roll out standardized reporting to 10 more facilities in 2006-07 in five disease sites (breast, lung, prostate, colorectal and endometrium) beyond the current four locations (Credit Valley, Lakeridge, Grand River and University Health Network) as we aim to have 90% of pathology reports completed according to the College of American Pathologists checklist standard.

Stage Capture

- In 2007-08, we will begin the implementation and evaluation of our collaborative staging (collection of all possible and relevant types of stage and key prognostic factors) project in three cancer centres, with the goal to expand the number to eight pilot sites by year's end.

CPOE

- Cancer Care Ontario is also seeking resources to expand the computerized physician order entry system to four more hospitals, bringing the total to 15. We will also be redesigning the CPOE to add new functionality and move it to a web-based platform.

Computerized Physician Order Entry System: Working to Improve Chemotherapy Delivery at Grand River Hospital

Grand River Hospital was one of three sites chosen in 2005 to implement the new version of Cancer Care Ontario's computerized physician order entry (CPOE) system, which has since proven to boost communication between health care providers and reduce medical errors.

"We saw this tool as an opportunity to implement the first electronic physician order entry as well as the first electronic Medication Administration Record (eMAR) within our facility," says Joyce Bechtel, manager, Projects and Application Support at Grand River's Information Services department. "We have realized key learnings and our staff are now more prepared and equipped to implement future hospital electronic patient and record systems as a result."

OPIS 2005, in place since June 2005, has physicians ordering complex chemotherapy treatment regimens that are then electronically transmitted to the cancer centre oncology pharmacy team, who then review and authorize the order. The highly complex treatment is prepared and dispensed by the pharmacy staff using the OPIS 2005 order. Systemic therapy nursing staff in the chemotherapy suite view final orders for administration to the patient using mobile computing tablets right on their medication carts. This allows the nurse to record chemotherapy administration completely electronically right at the patient's chair-side.

To gain the support of the medical oncologists, pharmacists and nurses, Grand River Hospital took a number of important steps right from the beginning. They started by meeting with physician stakeholders introduce the new system and seek their advice and input on many of the key process elements regarding the implementation of the system. At the same time, the pharmacy team took a pivotal role in defining the chemotherapy ordering database, developing the physician training program for electronic order entry, and providing support for all the physicians during the first few weeks as the system was being introduced. A highly specialized oncology nurse, on the project team as the clinical analyst, was responsible for training all the chemotherapy nurses both in the outpatient clinic and in the Inpatient unit on the eMAR and the use of the new electronic computer tablets.

Anna Granic, Oncology Pharmacy lead for the project added, "We found it most valuable to obtain wide support, contributions and buy-in from all departments involved. Having their ideas and insights made implementation of the order entry system a great success."

As a result of the extensive planning, training and complete staff buy-in, the launch of OPIS 2005 was declared a success. Immediately following the launch, all of the cancer program's medical oncologists and haematologists began entering electronic chemotherapy orders for inpatients and outpatients, allowing for improved clarity and accuracy in the prescribed treatment regimen. Grand River Hospital proceeded with CPOE of chemotherapy for both inpatients and outpatients for this initial launch.

A year and a half later, the system continues to run smoothly, having undergone a few minor adjustments. The hospital has been able to share its key learnings of this project with other hospitals across Ontario as they begin to institute the system in their facilities.

IV. RELIABLE ACCOUNTABLE SYSTEM

As the demands for cancer services rapidly grow, there is a critical need to use limited resources appropriately and fairly.

At the same time, in a publicly administered system, providers and policy makers have an obligation to make information about decisions more open and transparent to the public.

Cancer Care Ontario is actively creating and implementing a variety of mechanisms to bring about greater accountability and management of health care resources in the system, including: innovative agreements (e.g. inter-region collaboration), evidence-based decision making (e.g. joint approval processes for drug funding), performance tools (e.g., hospital funding agreements), monitoring and public reporting (Cancer System Quality Index) and information tools (e.g., iPort™).

2006-07 Results and Progress

Joint Approval Process for New and Expensive Cancer Drugs

The joint Committee to Evaluate Drugs (formerly the Drug Quality Therapeutics Committee)–Cancer Care Ontario process for approving new and expensive drugs is now in its second year. This process is proving to be a significantly improved but imperfect way to make difficult decisions about which cancer drugs the government should and should not pay for through the New Drug Funding Program. (See details of the program on page 35.)

Ontario has a good process for approving new cancer drugs based on an independent evaluation of the best evidence, but it needs to be more transparent and open to patients and citizens so they can understand why decisions are made. New and expensive drugs are important to individual patients, but in a public system, we have a responsibility both to deliver the highest quality of care to patients and to spend health care dollars wisely to produce the greatest value for patients and society.

The Ontario Government's recently announced drug reform strategy, with the creation of a Citizen's Panel and its inclusion of patients on the decision-making body, offers the promise of bringing patients and the public into these decisions. Cancer Care Ontario is one of the expert groups providing recommendations to the Ministry of Health and Long-Term Care on the design of its Citizen's Council.

The government's drug reform strategy and Bill 102 (*Transparent Drug System for Patients Act*, 2006) also offer important opportunities to improve access to cancer drugs—in particular, conditional listing, exceptional access, and partnership agreements between government and manufacturers to ensure better value for money spent on drugs for citizens.

To date, the Committee to Evaluate Drugs has reviewed 25 new drugs and indications, 19 of which were approved for funding.

Report to MOHLTC on Unfunded Cancer Drugs

One of the most difficult policy issues facing Ontario this year is what to do when patients seek and are willing to pay for new and often very expensive cancer drugs that have not been approved for funding.

Regardless of the thresholds that are set, some cancer drugs will not meet the test for public reimbursement. Some patients will always seek access to unfunded drugs, and oncologists will prescribe them.

In July 2006, a Cancer Care Ontario committee released the *Report of the Provincial Working Group on the Delivery of Oncology Medications for Private Payment in Ontario Hospitals*, recom-

mending a standard approach to providing new unfunded IV cancer drugs in Ontario hospitals for private payment.

The report recommendations are for advisement only and are subject to policy direction from the ministry. The committee concluded that it is in the best interests of patients to make the drugs that they are seeking available in the most cost-effective way—through the safety of their oncologists, care teams and the Ontario hospital where they are already undergoing treatment. (The committee sees this as a better and safer alternative for patients than going to private Canadian clinics or American cancer centres to access the drugs.)

At the same time, Cancer Care Ontario and our provincial counterparts will continue to work with the provincial and federal governments to strengthen publicly funded programs for cancer drugs, including creating an exceptional access program for IV drugs as part of Ontario's drug reform strategy, and a national catastrophic drug program.

Cancer System Quality Index: Improving Quality and Access in the Regions

A North American first, the Cancer System Quality Index (CSQI or Index) was launched in 2005 by the Cancer Quality Council of Ontario, in partnership with Cancer Care Ontario.

Updated annually, the Index serves as a valuable system-wide monitor that tracks the quality and consistency of key services delivered across the spectrum of the cancer system, from prevention through end-of-life care.

The second Index was launched in April 2006 and includes new data presented by the 14 LHINs. Results from this year illustrate that improvements have been made across all five of the Ontario cancer system goals (access, outcomes, evidence, efficiency and measurement) and this performance information is now being put into active use by the Regional Cancer Programs locally to improve quality within each of their regions.

Performance Management System

As briefly mentioned on page 44, Cancer Care Ontario has linked performance (number of cases provided) and quality (of services provided) with additional funding for hospitals that have signed various service-related agreements with us. These agreements link incremental surgery case funding to hospital quality initiative participation.

In 2006–07, 43 hospitals participated in regular quarterly performance reporting. Based on the quarterly reports, Cancer Care Ontario then engaged Regional Cancer Program members to address specific performance issues. In addition, the reports are used to determine when funding needs to be redistributed to high performing hospitals that can provide more timely access to care.

Using Technology to Achieve Accountable and Reliable Cancer Services

Cancer Care Ontario is leading the way in building databases and analytic tools that produce thorough, high-quality, real-time data that are critical to measuring, monitoring and improving cancer services.

Sound, timely and useful access to information is the basis upon which most other Cancer Care Ontario efforts rely. Cancer Care Ontario continues to be a leader in building and providing access to critical data stores, and being innovative in the way in which health information is used for better decision making at all levels within the cancer system.

Colorectal Surgery Survival in Thunder Bay

Using data from the Cancer System Quality Index as a means measure of care quality and as a driver to improve performance, the Thunder Bay Regional Health Sciences Centre saw that, prior to 2004, its region's colorectal cancer rates were the highest, and its 30-day and five year survival rates were among the lowest, in the province. The region's population also had the highest rates of cancer risk factors (smoking, obesity, inactivity) and the lowest colorectal screening and second-lowest FOBT rates in the province.

"Colorectal cancer was a problem in Northwestern Ontario. We had the highest incidence of colorectal cancer, our survival rates were the lowest and our stage of disease at diagnosis was the lowest," says Michael Power, vice president, Regional Cancer Services, North West.

The region's patients faced great anxiety with long waits to access endoscopy services and definitive diagnosis followed by long wait times for surgery and subsequent in-hospital recovery. As well, the region had limited pathology resources, no dedicated colon cancer surgeons and limited laparoscopic surgical services. Wait times and access to colon cancer systemic therapy and radiation treatment, however, were ideal.

To reverse this situation, the health sciences centre and the Regional Cancer Program began, in April 2005, to implement a new comprehensive cancer program.

A new colon cancer secretariat and a colon cancer site leader were installed. The centre appointed a new head of surgical oncology, identified two surgeons that would become dedicated to colon cancer, and it provided sub-specialty training to the regions' 17 networked surgeons—thereby creating significant surgical expertise that is shared among the region's surgeons as part of a community of practice.

The centre implemented a number of Cancer Care Ontario guidelines (e.g., laparoscopic colectomy, lymph node) as well as establishing multidisciplinary case conferencing (using video conferencing) with the region's surgeons, radiation and medical oncologists, nurses and social workers.

Other initiatives included installing the Pathology Information Management System, launching a new colorectal cancer screening program pilot in Dryden, and promoting public awareness on colorectal cancer screening.

As a result of these significant efforts, the region is now seeing marked improvements in its patient care indicators. The region's wait times for surgical treatment are now at or below provincial levels, its 30-day post bowel cancer surgery rates are now the lowest in the province and patients' lengths of stay have been reduced to provincial levels.

"From a patient's perspective, colon cancer awareness has dramatically improved . . . our wait times and turnaround times have improved dramatically, we have a seven day turnaround time standard for malignant pathology (reports), reduced (patient) anxiety and our patients are still overjoyed when they arrive at the regional cancer centre," Mr. Power added.

iPort™ – Instant, Reliable Cancer Information

When fully developed, iPort will provide "one window" access to authoritative information on every aspect of the activities being carried out in the Ontario cancer system continuum, from prevention activities through palliative care. (All individual-linked information is securely maintained and protected to the highest levels of patient confidentiality rules.)

Currently, iPort provides historic, current and year 2020 projected data on cancer incidence and prevalence rates, mortality and survival statistics, patient treatment activity and new drug funding information (the latter two which were added this year).

More than 200 cancer planners, managers and providers have direct online access to iPort, enabling them to review or generate specially needed data reports.

Next: 2007-08

Drug Review Process

- Cancer Care Ontario will work with the Ministry of Health and Long-Term Care to increase public and citizen input in decisions about funding and approval of new and expensive cancer drugs. This is part of a wider strategy for increasing public participation in drug funding decisions implemented through Bill 102.

  In addition, Cancer Care Ontario works with the Ministry of Health and Long-Term Care and other provincial ministries across Canada to develop a common evaluation for new cancer drugs.

Cancer System Quality Index

- Cancer Care Ontario will enhance the 2007 Index to include new measures of cancer service integration and more measures of quality for each LHIN.

Performance Management System

- In 2007-08, Cancer Care Ontario will work with hospitals to obtain data about the services they provide as part of their performance contracts.

iPort

- Cancer Care Ontario is seeking funds to migrate existing Ontario Cancer Registry data and tools into the Provincial Cancer Data Warehouse (PCDW) that supports iPort. This will create one authoritative source of information about all aspects of cancer prevention and care, which can be used to enhance planning and clinical programs for patients.

V. INNOVATION AND RESEARCH

Cancer Care Ontario generates and accelerates the application of new knowledge into the cancer system. While our research budget is relatively small, we are uniquely positioned to ensure that research advances in the prevention, detection, diagnosis and treatment of cancer are rapidly translated into improved care to the benefit of all Ontarians.

Cancer Care Ontario has focused our own research activities into areas that are aligned with the *Ontario Cancer Plan*. This year, we welcomed as a partner the newly created Ontario Institute for Cancer Research, providing new and exciting opportunities for collaboration.

We also use our resources and capabilities to stimulate innovation within the cancer service delivery system and put into place the leadership and structures required to push out successful innovations province-wide.

A. INNOVATION

In 2006-07, Cancer Care Ontario developed an innovation strategy for the cancer system, and set up a dedicated innovation directorate to coordinate our efforts to drive innovation in the delivery of cancer services.

Our focus in 2006-07 included identifying and rolling out successful local innovations province-wide, and building capacity in process re-engineering to reduce wait times and improve access.

2006-07 Results and Progress

Innovation Strategy

In 2006-07, Cancer Care Ontario's Innovation Strategy focused on the following initiatives:

- Implementing the provincial palliative care integration project, which is based on a successful project funded through the 2005 Innovation Fund;
- Implementing new roles for health professionals including nurse-performed flexible sigmoidoscopy and advanced practice radiation therapists, both announced as part of the HealthForceOntario announcement in April 2006;
- Training selected health care managers in process redesign to help them reduce radiation and systemic wait times;
- Creating an award program for the cancer system.

Innovation in Human Resources

It is essential that we find new ways of deploying increasingly scarce health care professionals and new ways of working if we are to successfully address the challenges of an aging workforce and an increasing cancer burden.

Over the past year, Cancer Care Ontario has, by working with the Ministry of Health and Long-Term

"We all wish there was some magic bullet or single innovation that could move cancer care dramatically forward, but the reality of it is cancer care is a game of inches and people fight every day for those inches in prevention, treatment and therapy."

Michael Decter, Chair, Cancer Quality Council of Ontario

Care and providers, intensified our efforts: 1) to use the full scope of professional roles; 2) to use innovative team-based approaches to deliver care; and 3) to implement expanded roles for health professionals. This work includes a blueprint for implementing advanced practice roles as well as pilots in two areas—advanced practice radiation therapists and nurse endoscopists.

In February 2006, Cancer Care Ontario hosted a symposium on advanced practice roles in cancer care. The symposium provided a unique opportunity for a multi-disciplinary stakeholder group to explore and exchange the latest information about how to make effective use of advanced practice roles for Ontario cancer care programs.

Advanced Practice Radiation Therapists

As part of a province-wide initiative to identify and implement advanced practice roles for certain health professionals, Cancer Care Ontario carried out a two-year study to assess and determine possible advanced roles for radiation therapists.

Radiation therapy treatment protocols and machines used for treatment are becoming more and more complex and time consuming to administer. At the same time, retention and recruitment in this profession remains a challenge.

The initial report, recently submitted to the ministry, highlights how the addition of advanced practice radiation therapists to the radiation treatment team may reduce waits for treatment by assisting the team with additional roles/skills and

knowledge. We have proposed to the ministry that the five new advanced practice radiation roles be implemented in selected cancer centres.

Registered Nurse Endoscopists

Cancer Care Ontario will be rolling out a Nurse Flexible Sigmoidoscopy Project that will pilot nurse-performed endoscopy in up to six sites in 2007-08. This initiative will expand access to colorectal cancer screening in these communities and is complementary to the larger colorectal cancer screening program.

The project will include an evaluation of the clinical and economic impact of having additional health professionals perform sigmoidoscopy. In addition to contributing to increased screening rates for colorectal cancer, nurse flexible sigmoidoscopy also helps nurse recruitment and retention by offering nurses additional skills and training.

Next: 2007-08

Advanced Practice Radiation Therapists

- Cancer Care Ontario hopes to move the pilot to a demonstration phase in 2007-08 by placing advanced practice radiation therapists under full supervision and monitoring in five sites.

Nurse–Performed Sigmoidoscopy

- Cancer Care Ontario will continue in 2007-08 to complete the rollout of the nurse flexible sigmoidoscopy program to a number of sites, establishing proof of concept so that the program can be implemented system-wide in future years.

B. RESEARCH

Cancer Care Ontario continues to restructure its own research program and to promote coordination of cancer research in Ontario by partnering with the Ontario Institute for Cancer Research (OICR), the Institute for Clinical Evaluative Sciences (ICES) and the Ontario Division of the Canadian Cancer Society.

In 2005, following international review and extensive discussion within the cancer system, Cancer Care Ontario identified four priorities for our own research program. These areas are aligned with our cancer control mandate and include: i) patterns of care; ii) population-based studies of cancer risk and outcome; iii) molecular, functional and anatomic imaging; and iv) experimental therapeutics. These priority areas are also well aligned with programs and platforms identified in the 2006 strategic plan of OICR, and several joint initiatives are already under way or under development.

2006-07 Results and Progress

Patterns of Cancer Care

Three programs have been launched by Cancer Care Ontario's patterns of cancer care network. The first is examining variations in patterns of long-term follow-up care of cancer survivors. As treatments improve, more cancer patients are surviving and their follow-up care is an increasingly important issue, both for the survivors and the health care system as a whole.

The objective of this program is to determine the best model for follow-up care of survivors of breast, colorectal, prostate and endometrial cancers. This is the first Canadian population-based study of the patterns of follow-up care provided to cancer survivors.

The second program aims to improve palliative and end-of-life care for cancer patients. There is growing

recognition that palliative and end-of-life care are important parts of the continuum of cancer care as reflected in Cancer Care Ontario's own palliative care strategy. The research program will identify barriers to providing uniform high-quality care across the province, and will create a simulation model of the cancer care system focusing on palliative and last-year-of-life care, and the economic and utilization impact of increasing palliative care services in the province.

Lastly, the third program is the development of a provincial cancer surgery atlas. There is an urgent need to describe current patterns of use of cancer surgery services, and to predict regional, population-based demand for services in the future.

The objective of developing the atlas is to provide a basis for regional, population-based planning and financing of cancer surgery-related health services in Ontario.

Population-Based Studies of Cancer Risk and Outcome

Ontario Familial Colorectal Cancer Registry and the ARCTIC Project

Cancer Care Ontario supports and houses the Ontario Familial Colorectal Cancer Registry, a research resource that contains an extensive information database and biospecimen repository. Research has shown that 15%–20% of those who have had colorectal cancer also have a family member who has had the disease. The registry is one of six sites in an

Cancer Care Ontario's extensive databases, including iPort and the Ontario Cancer Registry, are vital to many cancer research projects conducted by organizations across Ontario each year. In 2006-07, 44 separate projects were under way by organizations including ICES, and Ontario academic health science centres and universities.

international consortium of familial registries, which are funded by the U.S. National Cancer Institute (NCI). The registry collects health information (re: medications, other diseases, lifestyle, diet), medical records and biospecimens from colorectal cancer patients and their family members, as well as from a random sample of Ontarians who do not have colorectal cancer. Research using this resource has resulted in numerous publications in peer-reviewed scientific journals.

One of the major studies enabled by the registry is the ARCTIC project. Epidemiological research has shown that family history is a strong predictor of colon cancer risk. The Assessment of Risk of Colon Tumours in Canada (ARCTIC) project aims to discover the genetic basis of this familial predisposition, with the objective of designing a diagnostic test that predicts an individual's lifetime risk of developing the disease.

Cancer Care Ontario hosts the ARCTIC project, which was funded by Genome Canada through the Ontario Genomics Institute, Genome Quebec and the Ontario Cancer Research Network.

Generating Long-Term Research through a Provincial Cohort Study

Ontario Cancer Consortium

Understanding cancer risk factors is essential for developing effective prevention and early detection strategies. This becomes increasingly urgent considering the projected increases in cancer incidence, morbidity and mortality, combined with the associated financial, individual and societal costs.

The Ontario Cancer Consortium is a major cohort study—a study that follows a large group of people over a long period of time—that will develop innovative approaches for collecting and banking biological specimens and population-level data (about lifestyle, behavioural factors and environmental exposure/measures) from thousands of Ontarians. This will provide an unprecedented source of data that will allow researchers to track and understand the causes and influences of cancer.

Anticipated long-term benefits of the Consortium include: prevention strategies to reduce the incidence, morbidity and mortality from cancer; identification of gaps in cancer services; and the creation of new treatment methods and technologies.

Though the emphasis is on cancer, the cohort design will be sufficiently flexible to enable collaborative investigations of other major chronic diseases. The study is being developed by Cancer Care Ontario on behalf of, and in partnership with, the Ontario Institute for Cancer Research.

Anatomic, Functional and Molecular Imaging

Early detection holds the key to curing many types of cancer. New imaging methods are being developed that can not only detect very small tumours, but also can characterize their chemical, molecular, metabolic, and physiological features and those of the micro-environment in which they are growing. Such specific knowledge of the biological and anatomical features of a cancer can be used to optimize therapy and to accurately monitor its

effectiveness against tumour-specific targets, providing an early assessment of response to treatment.

Recognizing Ontario's strength in cancer imaging research and its importance for cancer diagnosis, staging, treatment planning, treatment and outcomes assessment, Cancer Care Ontario has created the Cancer Imaging Network of Ontario. This network—involving medical physicists and imaging researchers from across the province—has been established to build on and support existing research in cancer imaging, and to accelerate the development of molecular imaging, a new field that is expected to have a large impact in cancer control.

Experimental Therapeutics

As we have advanced our understanding of the biological mechanisms involved in the initiation of a cancer, in the control of its growth, and in its metastasis to distant sites, we also have identified many new, potential therapeutic targets, and have guided the development of a number of target-specific anticancer drugs that are already in clinical use. Investigators in Ontario have made seminal contributions to our understanding of the processes by which cancer cells grow, spread and become resistant to treatment. Nevertheless, the potential of much of this knowledge to contribute to the design of new approaches to cancer treatment remains untapped.

As an initial step in the translation of this knowledge, Cancer Care Ontario has partnered with the Ontario Institute for Cancer Research to establish a funding program designed specifically to support research aimed at the identification of compounds that can be used to validate potential therapeutic targets discovered in Ontario, and which may lead to the development of new drugs. In 2006-07, the program supported six projects from investigators across the province and sponsored a workshop to bring cancer biologists together with academic and industry experts in high throughput screening. A second competition is planned for the spring of 2007.

Next: 2007-08

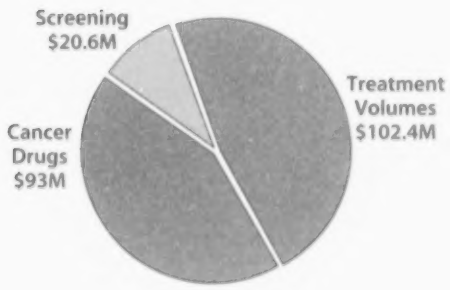
- Cancer Care Ontario will partner with the Canadian Institutes of Health Research and the Ontario Division of the Canadian Cancer Society to expand support for programs developed by its patterns of cancer care network.
- Cancer Care Ontario and the Ontario Institute for Cancer Research will jointly develop a health services research program that builds on Cancer Care Ontario's existing strengths in data management and analysis, and that will position Ontario to become an international leader in cancer health services and health economics research.
- Cancer Care Ontario will work with the Ontario Institute for Cancer Research to support common priority research themes, and will promote province-wide involvement in the translation of innovations in imaging and experimental therapeutics into improved cancer detection, diagnostics and treatment.
- Design of the Ontario Cancer Consortium will be completed and will form the basis of a research platform for future population studies of cancer risk factors and predictive biomarkers of cancer incidence.
- Cancer Care Ontario will coordinate restructuring of its research program to ensure it complements research initiatives launched by the Ontario Institute for Cancer Research, and to facilitate the rapid translation of new knowledge into improved care across Ontario.

APPENDIX

A TARGETED INVESTMENT STRATEGY

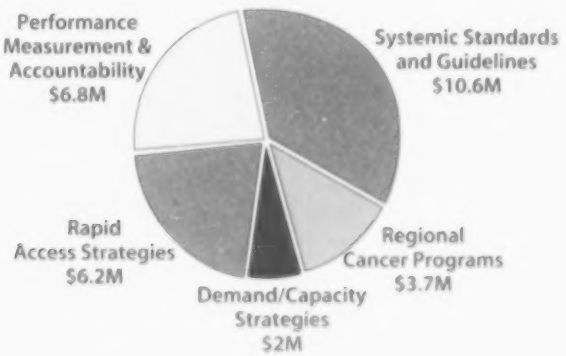
Volume Investments 2007-10

Incremental base operating funds ($216M)

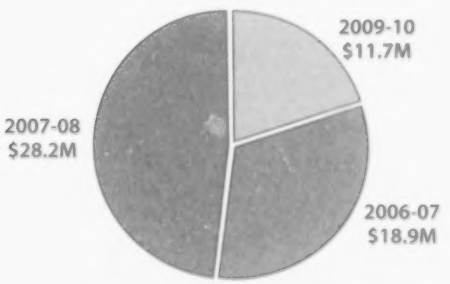


Quality, Accountability and Innovation-Related Investments 2007-10

Incremental base operating funds ($12.6M) and one-time funds ($16.7M)



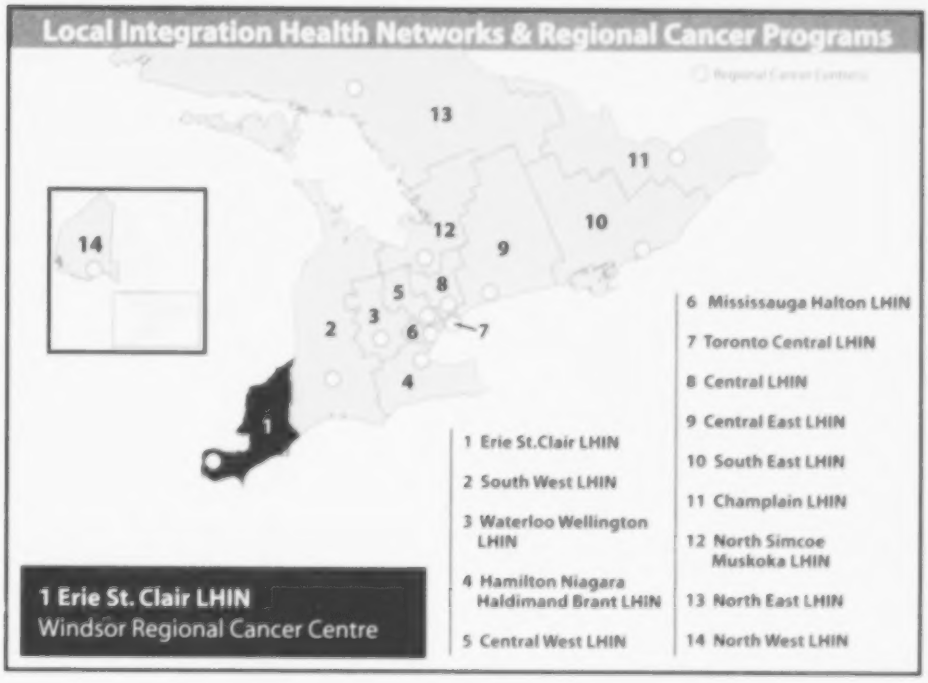
Capital Investments in Equipment Total Three-Year Capital Request for Equipment by Year 2007-10 ($58.8M)



(Note: It is not possible to project capital costs for new cancer centre projects as costs are embedded in Infrastructure Ontario projects)

NOTES

Erie St. Clair Local Health Integration Network (1)



Population (2006)		Percentage of Population over 50		Projected New Cancer Cases (2006)	Projected # of Deaths From Cancer (2006)
		Erie St. Clair	Ontario		
TOTAL	655,917	33%	31%	3,346	1,369
Male	325,806	32%	29%	1,753	
Female	330,111	35%	32%	1,593	

Erie St. Clair Local Health Integration Network (1)

Regional Facts

- Relatively slow population growth
- Lowest number of family physicians per 100,000 population in the province

Population Health Profile Relative to the Province

- Life expectancy:
  - Life expectancy in Essex County is one year less than the provincial average
  - Lambton County residents have a comparable life expectancy
  - Chatham Kent residents have a shorter average life expectancy
- Residents are more likely to be overweight or obese, daily smokers, heavy drinkers and inactive
- Mammography rates are higher
- Use of Pap smears is lower

Cancer Centre Activity: 2005-06

- Total number of patient visits: **58,341**
- Total number of new patients who visited the centre: **2,571**
- Total number of systemic treatment visits: **14,683**
- Total number of radiation treatment visits: **15,668**

Achievements: 2005-06

1. **Equipment:** A Magnetic Resonance Imaging (MRI) and Computer Tomography (CT) Simulator were purchased and installed
2. **Community Palliative Care Program:** A regional palliative care lead was appointed to coach and mentor regional family physicians about palliative care services. Capital and operating funds were approved for the construction of community palliative beds
3. **Research:** A local research investigator fund was established to increase research activity within the region and developed a joint grant proposal in partnership with the University of Windsor to expand research activities and establish a University of Western Ontario satellite medical school in Windsor by 2008
4. **Prevention:** The Windsor Mayor and County Warden created a cancer prevention awareness week and grade three students worked to increase physical activity by initiating an event called *Walk Around Windsor & Essex County*

Priorities: 2006-07

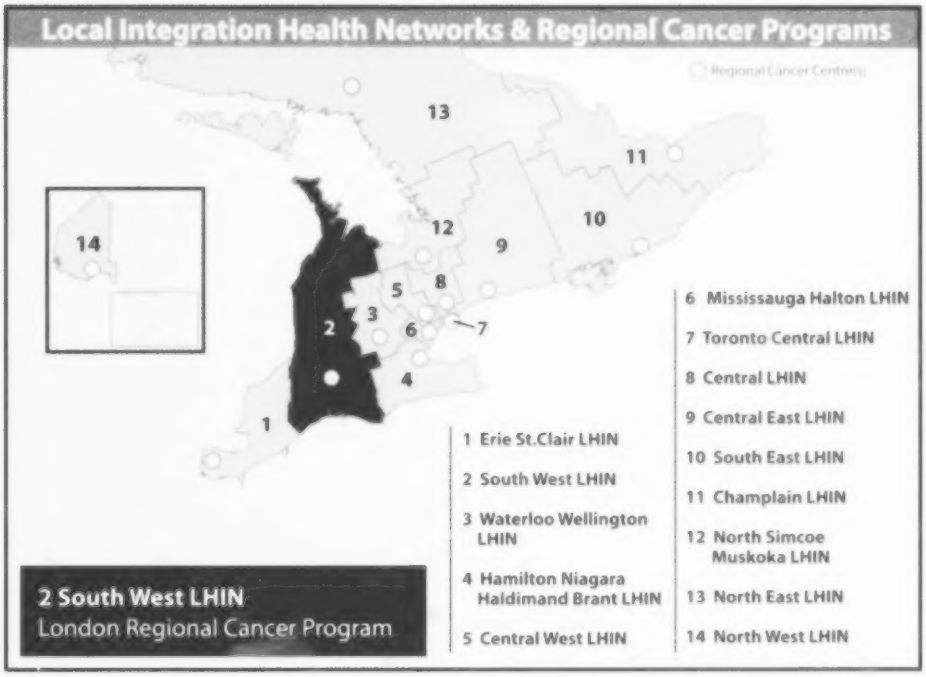
- Reduce wait times for systemic and radiation treatment
- Develop regional partnerships and a coordinated regional cancer program
  - Coordinate services across the Erie St. Clair and South West Local Health Integration Networks for communities that intersect (for example Chatham and Sarnia) by working with the London Regional Cancer Program
- Further develop the surgical oncology program

What is a Regional Cancer Program?

Guided by the *Ontario Cancer Plan*, regional cancer programs link together health care professionals, organizations, patients and decision-makers across the spectrum of cancer services from prevention through to palliative care within each LHIN. Their goal is to ensure that every patient, no matter where they live, has access to high-quality care as close to home as possible.

While individual organizations provide cancer services, regional cancer programs are responsible for creating an annual cancer service plan, and for forging networks of cancer services in their LHIN, building on existing relationships and using accountability agreements and other mechanisms.

South West Local Health Integration Network (2)



Population (2006)		Percentage of Population over 50		Projected New Cancer Cases (2006)	Projected # of Deaths From Cancer (2006)
		South West	Ontario		
TOTAL	937,918	33%	31%	5,023	2,089
Male	463,517	32%	29%	2,634	
Female	474,401	35%	32%	2,389	

South West Local Health Integration Network (2)

Regional Facts

- Cancer service partners include 16 hospitals/networks, multiple Community Care Access Centres (CCACs), eight public health units and the Canadian Cancer Society
- Three centres have medical oncologists and four additional sites deliver chemotherapy
- Mix of urban and rural population with 40% of population residing in London

Population Health Profile Relative to the Province

- Residents are more likely to be overweight or obese
- Mammography rates are higher
- Radiation treatment waiting times longer

Cancer Centre Activity: 2005-06

- Total number of new patients who visited the centre: **8,900**
- Total number of systemic treatment visits: **3,200**
- Total number of radiation treatment visits: **3,600**

Achievements: 2005-06

1. **Leadership:** Over 30 regional partners (hospitals, Community Care Access Centres (CCAC) and health units) have signed a regional cancer service alliance accountability agreement agreeing to plan and support cancer system improvement through the South West region
2. **Community Care:** A regional oncology care coordination program was implemented with regional CCAC partners to include all cancer patients discharged from treatment from the cancer centre
3. **Screening and Prevention:** Phase one of the Ontario Breast Screening Program (OBSP) unattached woman's program for women over age 50 without family physicians requiring screening was completed
4. **Research:** Five research scientists from Cancer Care Ontario were transferred to the Lawson Health Research Institute

Priorities: 2006-07

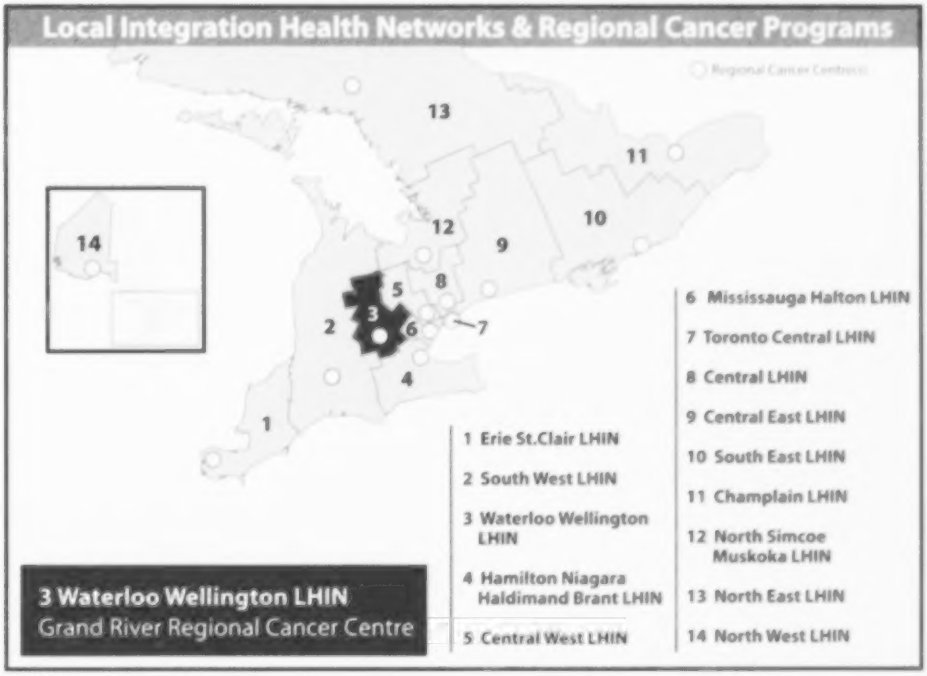
- Clarify and confirm executive roles for the Regional Cancer Program
- Implement the cancer services improvement program
- Develop and implement a regional physician model for palliative care
- Continue to implement an electronic patient record

What is a Regional Cancer Program?

Guided by the *Ontario Cancer Plan*, regional cancer programs link together health care professionals, organizations, patients and decision-makers across the spectrum of cancer services from prevention through to palliative care within each LHIN. Their goal is to ensure that every patient, no matter where they live, has access to high-quality care as close to home as possible.

While individual organizations provide cancer services, regional cancer programs are responsible for creating an annual cancer service plan, and for forging networks of cancer services in their LHIN, building on existing relationships and using accountability agreements and other mechanisms.

Waterloo Wellington
Local Health Integration Network (3)



Population (2006)		Percentage of Population over 50		Projected New Cancer Cases (2006)	Projected # of Deaths From Cancer (2006)
		Waterloo Wellington	Ontario		
TOTAL	704,951	29%	31%	3,248	1,315
Male	350,707	27%	29%	1,692	
Female	354,244	30%	32%	1,556	

Waterloo Wellington Local Health Integration Network (3)

Regional Facts

- 8% population growth, which is higher than the provincial growth rate
- Mix of urban and rural (Four cities: Cambridge, Guelph, Kitchener and Waterloo)
- Three universities and one community college

Population Health Profile Relative to the Province

- Higher rate of breast cancer screening
- Lower breast cancer assessment times (from detection to diagnosis)

Cancer Centre Activity: 2005-06

- Total number of new patients who visited the centre: **2,682**
- Total number of systemic treatment visits: **9,067**
- Total number of radiation treatment visits: **19,615**

Achievements: 2005-06

1. **Community Clinic Development for Chemotherapy Delivery, Radiation Consultation and Follow-up:** North Wellington Clinic operational, and steering committee in place for development of 'Centre Wellington'
2. **Information Management:** Cancer Care Ontario's computerized physician order entry system was implemented and work continued on the implementation of MY CARE *Source*, a patient portal application
3. **Prevention, Screening and Early Detection Development:** Prevention network was developed in Wellington County and a new breast diagnostic assessment unit (DAU) was established in Fergus
4. **Palliative Care:** An end-of-life network committee was established in each county
5. **Cancer Surgery:** Target volumes were exceeded and four acute care hospitals received incremental surgery allocations

Priorities: 2006-07

1. Establish a process for clinical quality planning and coordination across the Local Health Integration Network (LHIN) by:
   - Developing regional multidisciplinary cancer conferences
   - Implementing evidence-based practice guidelines for thoracic and hepatobiliary cancer surgery
   - Developing communities of practice
   - Implementing regional systemic therapy guidelines

2. Enhance access to cancer services by:
   - Improving treatment wait times to meet established targets
   - Opening a regional breast assessment centre
   - Opening a satellite community clinic

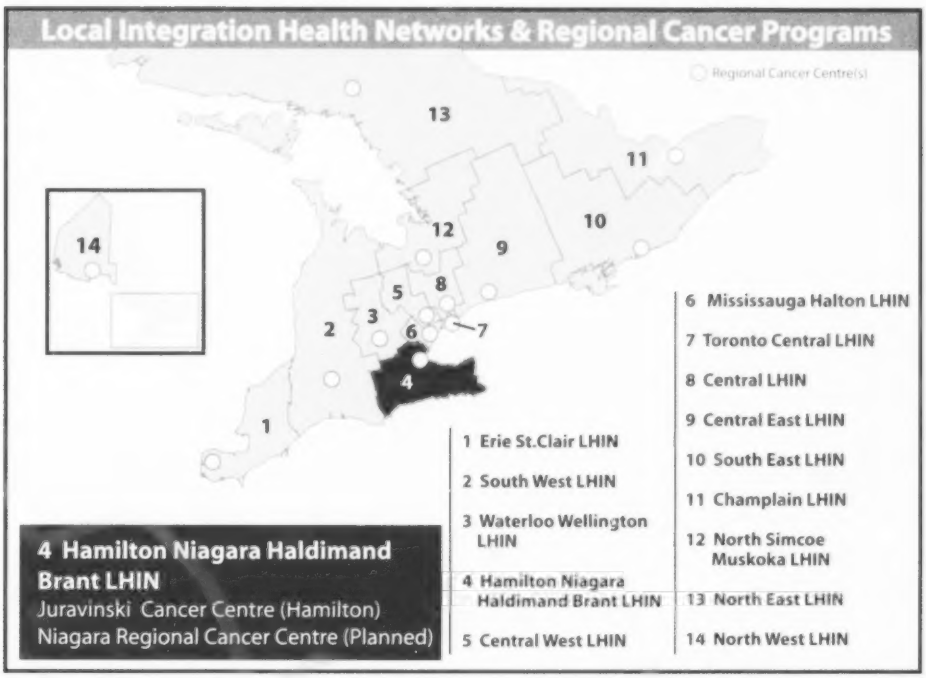
3. Enhance access to palliative care services within LHIN by:
   - Implementing the provincial palliative care integration project
   - Implementing a community-based palliative care team

What is a Regional Cancer Program?

Guided by the *Ontario Cancer Plan*, regional cancer programs link together health care professionals, organizations, patients and decision-makers across the spectrum of cancer services from prevention through to palliative care within each LHIN. Their goal is to ensure that every patient, no matter where they live, has access to high-quality care as close to home as possible.

While individual organizations provide cancer services, regional cancer programs are responsible for creating an annual cancer service plan, and for forging networks of cancer services in their LHIN, building on existing relationships and using accountability agreements and other mechanisms.

Hamilton Niagara Haldimand Brant Local Health Integration Network (4)



Population (2006)		Percentage of Population over 50		Projected New Cancer Cases (2006)	Projected # of Deaths From Cancer (2006)
		Hmltn-Ngr-Hldmnd-Brnt	Ontario		
TOTAL	1,379,186	33%	31%	7,414	3,097
Male	680,435	31%	29%	3,876	
Female	698,751	35%	32%	3,538	

Regional Facts

- Aboriginal population greater than 25,000
- Heart of "new Greater Golden Horseshoe"
- Mix of urban and rural
- Plans for a new regional cancer centre in St. Catharines underway

Population Health Profile Relative to the Province

- Lower colorectal cancer screening rates
- Higher obesity and smoking rates

Hamilton Niagara Haldimand Brant Local Health Integration Network (4)

Cancer Centre Activity: 2005-06

- Total number of new patients who visited the centre: **5,868**
- Total number of systemic treatment visits: **28,098**
- Total number of radiation treatment visits: **67,068**

Achievements: 2005-06

1. **Leadership:** A regional cancer program steering committee was established; it then restructured the Juravinski cancer program
2. **Surgery:** Four regional partnerships were formed to decrease wait times and participate in synoptic reporting and staging; performed 845 additional surgeries through the cancer surgery agreement; and led the province in the quality indicator for percentage of patients staged
3. **Cancer Prevention and Early Detection:** Five new Ontario Breast Screening Program sites were established; projects to increase cervical screening and establish best practices for a smoking cessation program were implemented
4. **Research:** The department of oncology at McMaster University was established

Priorities: 2006-07

- Implement a nurse-led, flexible sigmoidoscopy colorectal screening pilot and develop a lung diagnostic assessment unit (DAU) at St. Joseph's Hospital
- Implement an alternate day chemotherapy program at Joseph Brant Memorial Hospital, a project to reduce chemotherapy wait times and implement Cancer Care Ontario's computerized physician order entry system
- Increase radiation oncology referrals to the Juravinski Cancer Centre by deploying radiation oncologists to community oncology clinics
- Further develop the surgical oncology network, disseminate standards for laparoscopic colectomy, thoracic oncology, and hepatobiliary oncology and engage surgeons in multidisciplinary case conferencing
- Implement a tertiary palliative care unit pilot, develop palliative care indicators across all tumour sites and roll out Cancer Care Ontario's palliative care integration project across the region
- Implement a patient education framework and multidisciplinary case conferencing guidelines in disease site teams with videoconferencing to community partners
- Recruit academic division and clinical program heads in medical and radiation oncology
- Develop a research plan for the department of oncology at McMaster University, a strategic and functional plan for a cancer research centre and a clinical research plan for musculoskeletal oncology
- Develop a regional cancer informatics unit and a strategic plan for oncology clinical information systems

What is a Regional Cancer Program?

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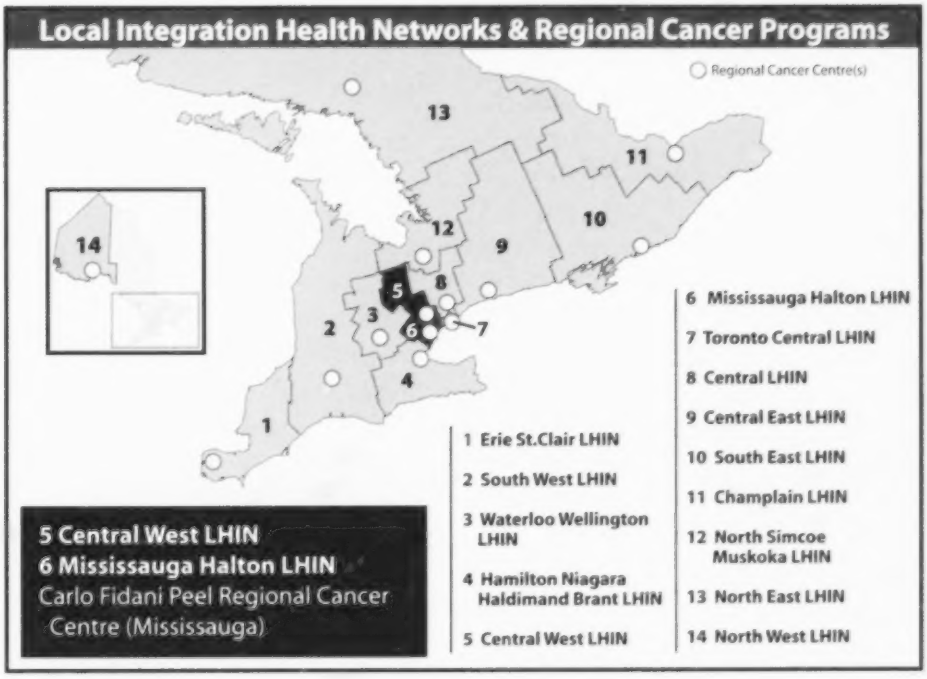
Central West Local Health Integration Network (5) and Mississauga Halton Local Health Integration Network (6)



Population (2006)		Percentage of Population over 50		Projected New Cancer Cases (2006)	Projected # of Deaths From Cancer (2006)
		Central West	Ontario		
TOTAL	753,934	26%	31%	3,086	1,174
Male	374,270	27%	29%	1,601	
Female	379,664	25%	32%	1,485	

Population (2006)		Percentage of Population over 50		Projected New Cancer Cases (2006)	Projected # of Deaths From Cancer (2006)
		Mississauga Halton	Ontario		
TOTAL	1,091,133	26%	31%	4,559	1,748
Male	541,115	25%	29%	2,358	
Female	550,018	28%	32%	2,201	

Central West Local Health Integration Network (5) and Mississauga Halton Local Health Integration Network (6)

Regional Facts

- Peel Regional Cancer Program incorporates Central West (5) and Mississauga Halton (6) Local Health Integration Networks (LHINs)
- Four hospital organizations and eight campuses

Population Health Profile Relative to the Province

Central West LHIN:
- Mammography rates are lower
- Radiation treatment wait times are longer

Mississauga Halton LHIN:
- Higher rates of colorectal cancer screening (FOBT)
- Radiation treatment wait times are longer

Cancer Centre Activity: 2005-06

- Total number of new patients who visited the centre: **2,747**
- Total number of systemic treatment visits: **9,086**
- Total number of radiation treatment visits: **12,760**

Achievements: 2005-06

1. **Capacity:** The Peel Regional Cancer Centre and related clinics opened in July 2005 with near immediate capacity bookings for treatment
2. **Radiation Treatment:** The regional radiation consultation program was established to ensure that radiation oncologists regularly attend multidisciplinary clinics at the Trillium Health Care and William Osler Health Centres on a regular basis to review patient cases and determine best locations for patient treatment

Priorities: 2006-07

- Lead cancer service planning within the region and participate as part of province-wide planning to ensure strategies to meet local needs for service integration, coordination, and quality improvement are put in place and that the primary care sector gets involved in these efforts
- Facilitate meaningful patient and consumer involvement in planning and evaluating regional program activities
- Foster professional development, including the dissemination of provincial standards
- Monitor and report on how the region responds to the performance of region's programs and services

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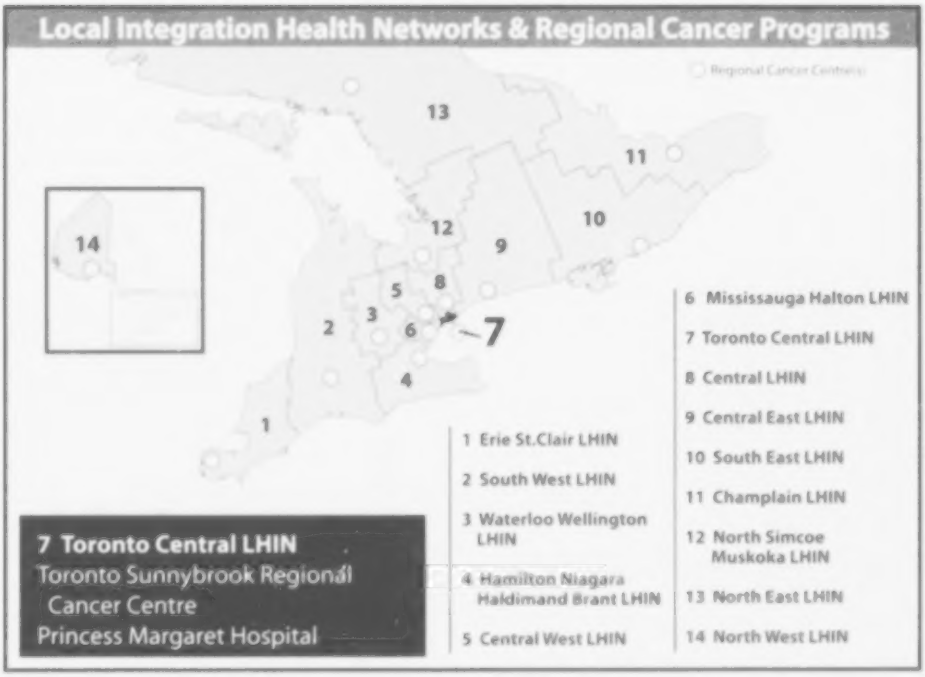
Toronto Central Local Health Integration Network (7)



Population (2006)		Percentage of Population over 50		Projected New Cancer Cases (2006)	Projected # of Deaths From Cancer (2006)
		Toronto Central	Ontario		
TOTAL	1,158,187	30%	31%	5,683	2,350
Male	564,928	28%	29%	2,890	
Female	593,259	32%	32%	2,793	

Regional Facts

- Culturally diverse population: 1.2 million residents with 9% recent immigrants
- 22% of population in low income bracket
- Service provision extends well beyond LHIN boundaries to GTA, rest of Ontario, and nationally
- All six acute care hospitals have large oncology programs and are affiliated with the University of Toronto
- Most hospitals previously not formally connected with Cancer Care Ontario
- Princess Margaret Hospital (PMH) and Toronto Sunnybrook Regional Cancer Centre (TSRCC) share leadership of the regional cancer program

Toronto Central Local Health Integration Network (7)

Population Health Profile Relative to the Province

- Smoking and obesity among lowest in the province
- Mammography rates are lower
- Colorectal cancer screening rates (FOBT) are lower
- Greater number of patients participate in clinical trials

Cancer Centre Activity: 2005-06

- Total number of new patients who visited the centre (PMH): **14,445**
- Total number of new patients who visited the centre (TSRCC): **10,125**
- Total number of systemic treatment visits: (PMH): **25,159**
- Total number of systemic treatment visits: (TSRCC): **17,461**
- Total number of radiation treatment visits (PMH): **119, 443**
- Total number of radiation treatment visits (TSRCC): **88,955**

Achievements: 2005-06

1. **Leadership:** The Toronto Regional Cancer Program was established to ensure that Cancer Care Ontario goals and enhanced accountability were accomplished
2. **Screening and Prevention:** Two new breast screening affiliates were opened in the greater Toronto area and screening volumes for Central Toronto were closely monitored
3. **Surgery:** The thoracic surgery guidelines were implemented in three of the region's hospitals

Priorities: 2006-07

1. Integrate planning and coordination of prevention and screening initiatives across the GTA and beyond
   - Coordinate effort and leverage funds from six Local Health Integration Networks to maximize impact
2. Continue to pioneer and pilot advanced practice roles in oncology
   - Registered nurse-performed flexible sigmoidoscopy
   - New radiation therapist roles
   - "Chemo buddies" (advanced practice volunteers)
3. Implement thoracic cancer surgery standards
4. Improve multidisciplinary cancer conferences across the region
5. Improve communication and integration across cancer providers in the region
   - Support and coordinate across the multitude of cancer services across Toronto
   - Work with family practice physicians to improve the interface between primary care and the cancer centres

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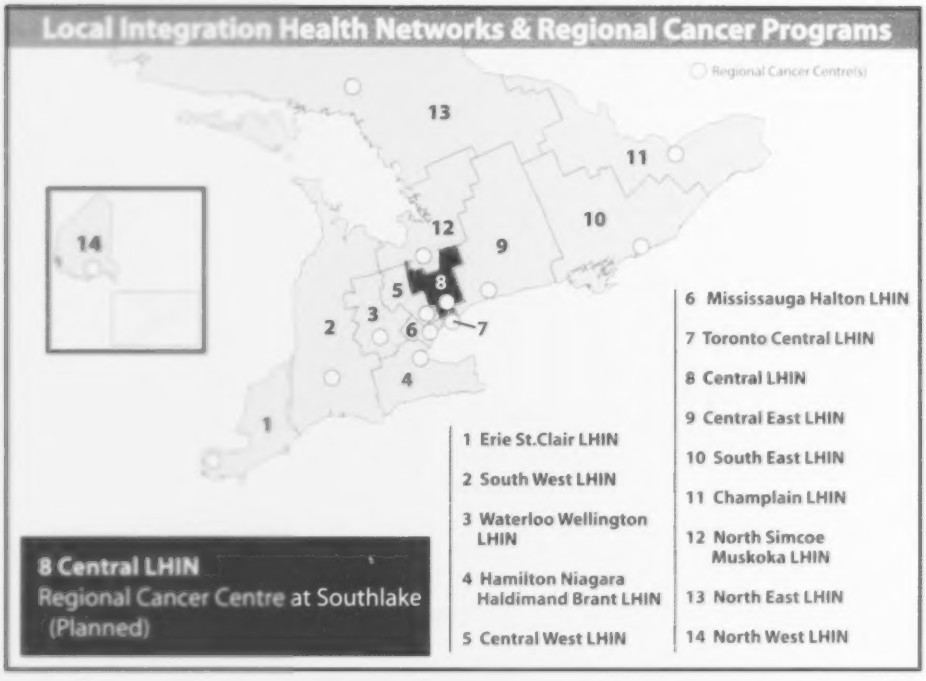
Central Local Health Integration Network (8)



Population (2006)		Percentage of Population over 50		Projected New Cancer Cases (2006)	Projected # of Deaths From Cancer (2006)
		Central	Ontario		
TOTAL	1,619,698	28%	31%	7,343	2,901
Male	799,426	27%	29%	3,797	
Female	820,272	30%	32%	3,546	

Central Local Health Integration Network (8)

Regional Facts

- Largest Local Health Integration Network (LHIN) by population and fastest growing
- Expect to see a doubling of residents aged 65 and over
- High immigrant population

Population Health Profile Relative to the Province

- More screen-eligible men and women (ages 50-74) received a fecal occult blood test (FOBT) in 2004 compared to 2001
- Highest projected number of newly diagnosed cancers (all cancers combined) by 2016

Cancer Centre Activity: 2005-06

- Total number of new patients who visited the centre: **669**
- Total number of systemic treatment visits: **8,507**
- Total number of radiation treatment visits: **N/A**

Achievements: 2005-06

- The regional cancer program steering committee was established and included representation from five acute care hospitals, Community Care Access Centre, LHIN, palliative and end-of-life partners
- Oncology leads for palliative care and surgical oncology were established
- Regional capacity for surgical oncology and systemic treatment were increased with active participation by every acute care hospital in the wait time strategy and cancer surgery agreements
- The regional cancer program worked with the LHIN and members of cancer treatment organizations to plan and coordinate cancer services in the region by developing a new organizational and committee structure at Southlake for cancer care that addresses quality, timely access to care, utilization, finance and informatics

Priorities: 2006-07

- Respond to the demand for increased systemic therapy
- Identify and recruit a medical oncology lead
- Add primary care physician and prevention program representatives to the regional steering committee
- Open the new cancer centre

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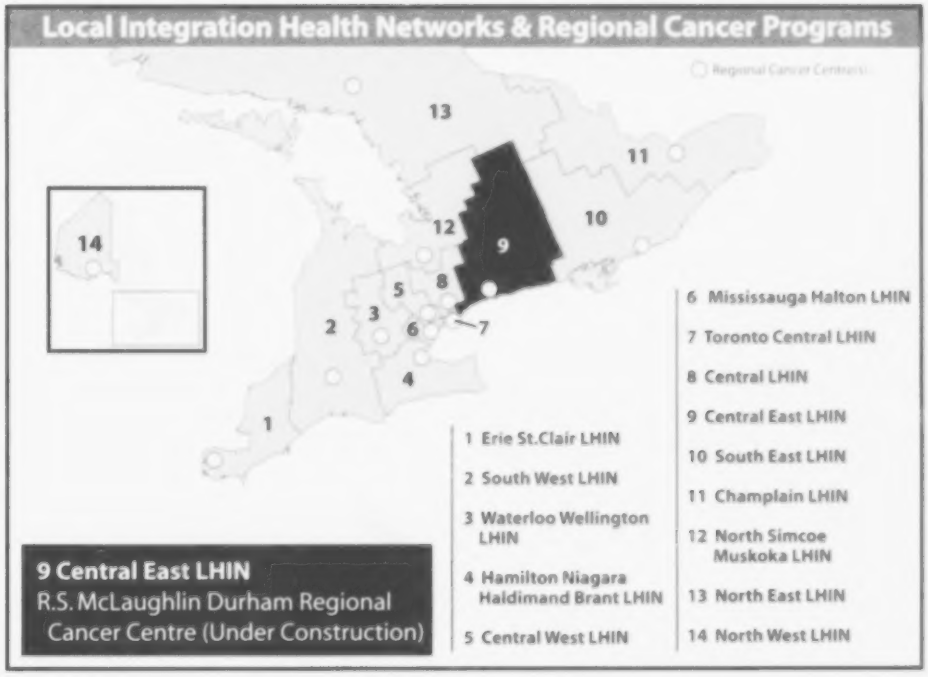
Central East Local Health Integration Network (9)



Population (2006)		Percentage of Population over 50		Projected New Cancer Cases (2006)	Projected # of Deaths From Cancer (2006)
		Central East	Ontario		
TOTAL	1,494,156	31%	31%	7,477	3,054
Male	734,445	29%	29%	3,883	
Female	759,711	33%	32%	3,594	

Regional Facts

- High population growth
- Historically under resourced and under serviced
- No health sciences centre or tertiary surgery within region

Central East Local Health Integration Network (9)

Population Health Profile Relative to the Province

- More screen-eligible men and women (ages 50-74) received a fecal occult blood test (FOBT) in 2004 compared to 2001
- Fewer screen-eligible women (ages 50-69) received a mammogram in 2003-2004
- Low Ontario Breast Screening Program participation (20.9%)
- Lowest radiation therapy utilization rates in Ontario

Cancer Centre Activity: 2005-06

- Total number of new patients who visited the centre: **4,066**
- Total number of systemic treatment visits: **11,827**
- Total number of radiation treatment visits: **17,064**

Achievements: 2005-06

Improved access to care by:

- Increasing radiation oncology volumes
- Reducing radiation wait times to among the lowest in the province
- Increasing systemic volumes at Durham Regional Cancer Centre and in the region (from 1,871 in 2004-05 to 2,135 in 2005-06)
- Increasing surgery volumes at Lakeridge Health and region
- Opening new multidisciplinary patient evaluation and follow up clinics at Rouge Valley Health System and Peterborough Regional Health Centre

Improved the quality of care by:

- Creating multidisciplinary care conferences (MCCs): breast, colorectal and GU MCCs at Lakeridge Health Network, and breast and lung MCCs at Peterborough Regional Health Centre
- Implementing specific guidelines for radiation oncology and systemic treatment (90% complete)
- Reaching an agreement-in-principle to consolidate thoracic surgery for the region
- Creating multidisciplinary gynaecologic oncology clinics at Durham Regional Cancer Centre with external specialist surgeons

Improved integration and coordination by:

- Working with the departments of pathology, imaging and surgery to develop a plan for comprehensive integrated breast cancer diagnosis and management at Lakeridge Health Network

Priorities: 2006-07

- Continue to build the resources needed to provide comprehensive care for common diseases within the region
- Develop tumour site based networks to establish best practice and promote consistent care
- Coordinate the services offered by all providers by establishing practical care pathways

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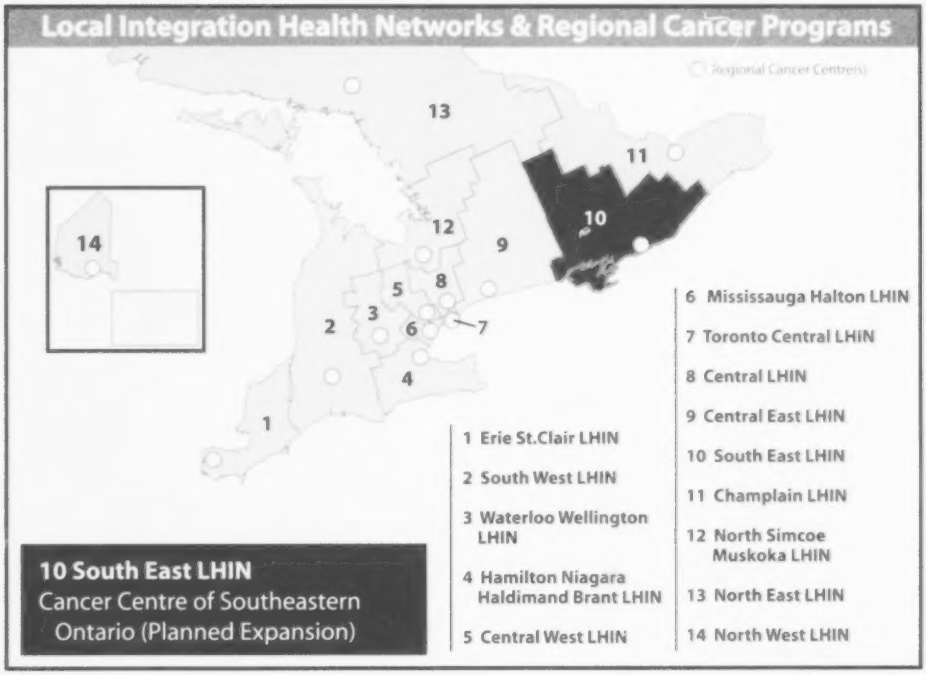
South East Local Health Integration Network (10)



Population (2006)		Percentage of Population over 50		Projected New Cancer Cases (2006)	Projected # of Deaths From Cancer (2006)
		South East	Ontario		
TOTAL	477,456	36%	31%	2,752	1,134
Male	236,325	34%	29%	1,464	
Female	241,131	38%	32%	1,288	

Regional Facts

- 44% of the population lives in rural areas
- Acute hospitals are located in 10 sites
- Highest percentage population aged 65 and older of any Local Health Integration Network (LHIN) in the province (15.7%)

South East Local Health Integration Network (10)

Population Health Profile Relative to the Province

- Fewer screen-eligible men and women (ages 50-74) received a fecal occult blood test (FOBT) in 2004
- Highest percentage of self-reporting obesity among men
- More screen eligible (ages 50-69) women received a mammogram

Cancer Centre Activity: 2005-06

- Total number of new patients who visited the centre: **2,563**
- Total number of systemic treatment visits: **10,548**
- Total number of radiation treatment visits: **22,272**

Achievements: 2005-06

- The regional cancer program infrastructure was confirmed through the creation of a regional cancer program committee, regional disease site teams, and integrating new and existing regional networks
- A regional palliative care integration project was introduced, including use of a common set of symptom assessment tools and collaborative care plans across the region
- A regional oncology nursing council was established with representation from various stakeholders across the region
- A regional systemic therapy network with five satellite sites (Cobourg, Perth/Smiths Falls, Brockville, Campbellford and Peterborough Regional Health Centre) was established with the Quinte Health Corporation
- The regional systemic therapy network implemented the oncology nursing society (ONS) standards for administration and handling of chemotherapy and biotherapy treatment across the region in all sites where chemotherapy is administered
- Access to systemic therapy was improved by 15%

Priorities: 2006-07

- Map the resources, patterns of care, volume of activity and wait times related to breast cancer care from screening and early detection
- Increase regional access to cervical screening through public health unit and community health centre clinics for women without general practitioners
- Implement a poster campaign about breast and cervical screening for woman without regular health care providers
- Improve median radiation wait times by seven days
- Develop a set of collaborative care plans outlining best practice care for breast cancer patients and involve primary care providers, surgeons, screening and assessment facilities across the region
- Increase participation in multidisciplinary tumour boards for each disease site using videoconference technology
- Increase development of cancer surgery community of practice
- Increase clinical trial activity

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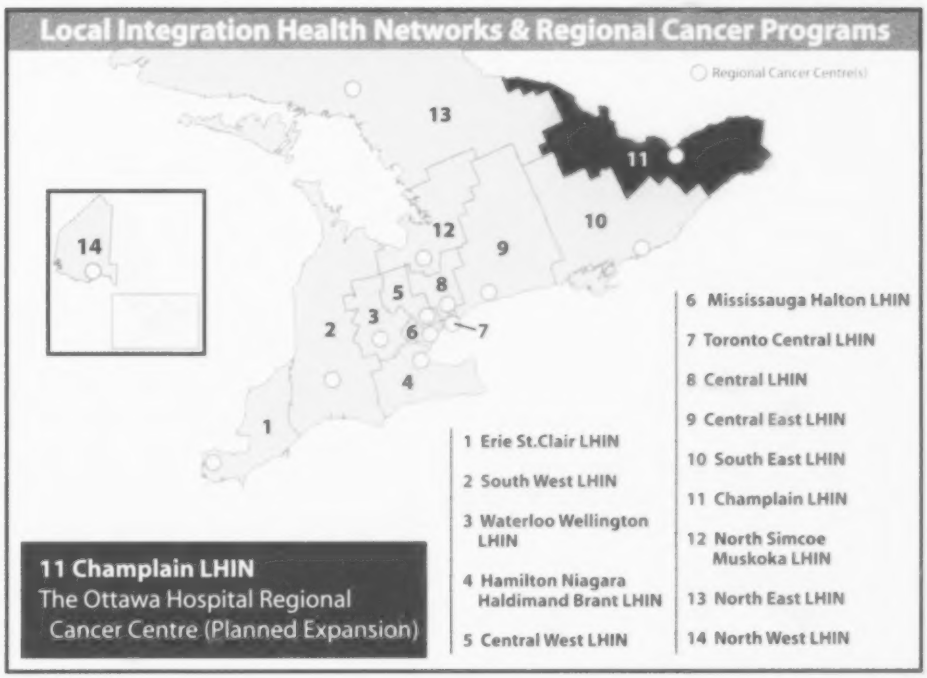
Champlain Local Health Integration Network (11)



Population (2006)		Percentage of Population over 50		Projected New Cancer Cases (2006)	Projected # of Deaths From Cancer (2006)
		Champlain	Ontario		
TOTAL	1,201,553	31%	31%	5,925	2,395
Male	592,889	30%	29%	3,059	
Female	608,664	33%	32%	2,866	

Regional Facts

- High urban population (Ottawa area)
- Substantially more francophones than any other Local Health Integration Network (LHIN)

Champlain Local Health Integration Network (11)

Population Health Profile Relative to the Province

- More screen-eligible men and women (ages 50-74) received a fecal occult blood test (FOBT) in 2004
- More screen-eligible women (ages 50-69) received a mammogram

Cancer Centre Activity: 2005-06

- Total number of new patients who visited the centre: **5,400**
- Total number of systemic treatment visits: **27,430**
- Total number of radiation treatment visits: **70,125**

Achievements: 2005-06

- A regional collaboration structure was established and the partnership among health care providers was enhanced
- Regional cancer assessment units for diagnosing lung, colorectal and prostate cancer were implemented
- The regional systemic therapy program was enhanced by establishing operations committees, improving communications, and revising policies and procedures
- Work to develop clinical pathway and service agreements with other regions began
- The implementation of a regional surgical oncology program was initiated with the establishment of a regional surgical oncology committee, regional breast and colorectal workshops, a new surgical oncology initiative and draft service agreements between providers
- Detailed planning for a capital expansion was started and coordinated with efforts to improve access and minimize wait times by increasing capacity through a renewed regional model

Priorities: 2006-07

- Complete detailed planning for a capital expansion by submitting the construction approval while continuing to improve access and minimize wait times by increasing capacity though a renewed regional model and innovative approaches
- Roll out the use of a symptom assessment tool to all lung cancer clinics at The Ottawa Hospital Regional Cancer Centre and develop a plan to implement the tool across all sites
- Implement a renewed psychosocial oncology model of care at The Ottawa Hospital Regional Cancer Centre and assess the feasibility of rolling it out throughout the region
- Implement a regional oncology prevention and screening alliance in partnership with public health and regional partners to establish an infrastructure that will enhance the region's ability to respond to evolving program initiatives in cancer prevention and screening
- Continue to implement standards, develop communities of practice and quality indicators and monitor cancer surgery
- Continue to implement provincial systemic therapy standards

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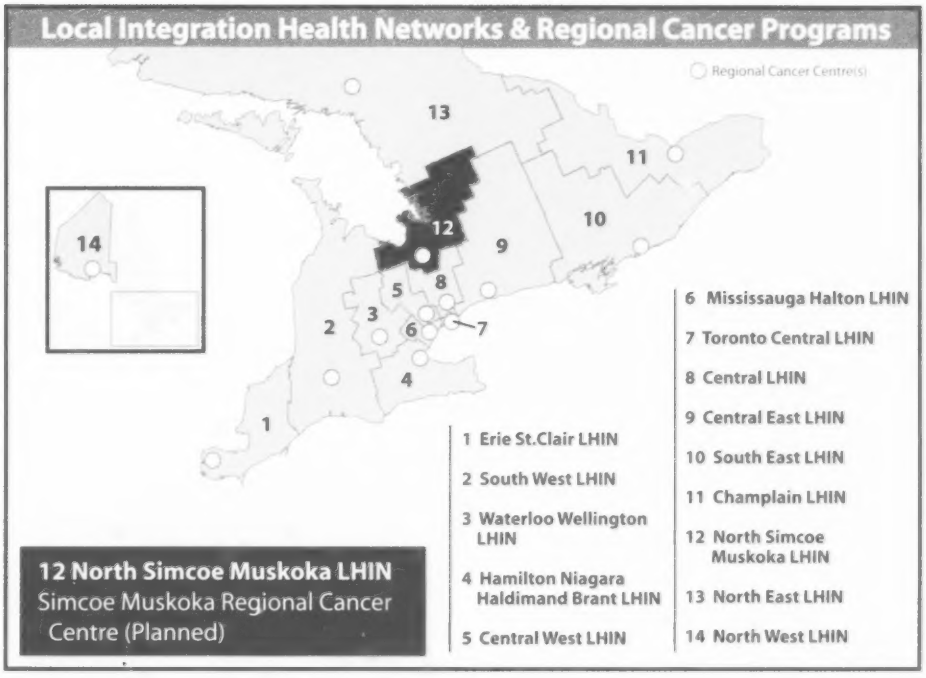
North Simcoe Muskoka
Local Health Integration Network (12)



Population (2006)		Percentage of Population over 50		Projected New Cancer Cases (2006)	Projected # of Deaths From Cancer (2006)
		North Simcoe Muskoka	Ontario		
TOTAL	436,845	32%	31%	2,281	917
Male	217,532	31%	29%	1,216	
Female	219,313	34%	32%	1,065	

North Simcoe Muskoka Local Health Integration Network (12)

Regional Facts

- Population in some municipalities increases by up to 50% in summer
- 2.7% is First Nations (compared to 1.7% for Ontario)

Population Health Profile Relative to the Province

- Higher proportion of smokers, obese and inactive residents
- Higher proportion of seniors

Cancer Centre Activity: 2005-06

- Total number of new patients who visited the centre: **~986 (17,421 total visits)**
- Total number of systemic treatment visits: **~9,222**
- Total number of radiation treatment visits: **0**

Achievements: 2005-06

Improved access and provided care closer to home

- Systemic therapy access increased
- Surgical oncology volumes increased by 95 incremental cases in 2005-06
- Radiation access increased through Princess Margaret Hospital radiation clinics on site at Royal Victoria Hospital
- Leukemia support clinic was established with Princess Margaret Hospital

Improved quality and knowledge dissemination

- "Virtual" multidisciplinary case conferences (tumour boards) were established to link all eight of the region's hospital sites (and experts from Toronto) via videoconferencing
- Regional cancer education day was held for more than 100 regional providers
- Cancer Care Ontario guidelines implemented (colorectal surgery, pathology standards, pathology reporting, etc.)

Establishment of the Integrated Cancer Program

Efforts this year will realize the Royal Victoria Hospital becoming a formal integrated cancer program within the Cancer Care Ontario cancer system in 2006-07. This relationship has been critical to the development of cancer services in the region through various funding and planning supports.

Priorities: 2006-07

- Manage space concerns associated with the cancer centre due to open in 2010
- Continue to increase human resources (medical oncologist, surgical oncologist, pathologist)
- Increase clinical support infrastructure (lab and imaging)

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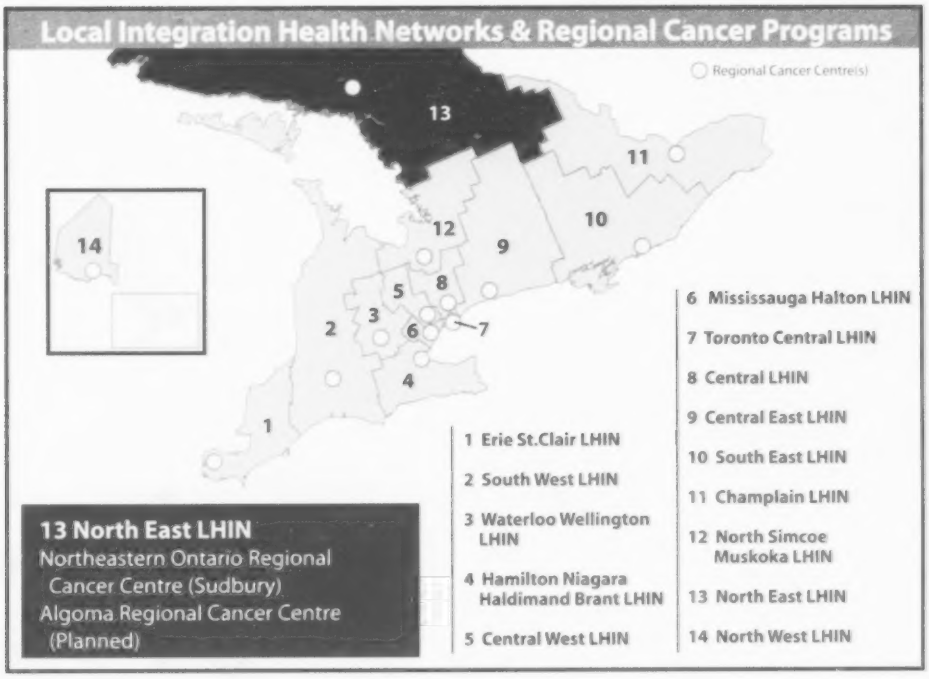

Population (2006)		Percentage of Population over 50		Projected New Cancer Cases (2006)	Projected # of Deaths From Cancer (2006)
		North East	Ontario		
TOTAL	561,860	37%	31%	3,261	1,324
Male	277,821	35%	29%	1,754	
Female	284,039	38%	32%	1,507	

North East Local Health Integration Network (13)

Regional Facts

- Population widely dispersed with a density of 2.7 persons per square kilometer
- 22% French, 10% Aboriginals, and 1.3% visible minorities
- Decreasing population in most communities
- High prevalence of smokers
- Higher proportion of population with a high body mass index
- Lower rates of physical activity
- Larger proportion of population with less than secondary school education

Population Health Profile Relative to the Province

- More screen-eligible women (ages 50-69) received a mammogram
- High Ontario Breast Screening Program participation (51.1%)
- Cancer hospitalization rates are higher than provincial averages (average length of stay in hospital is 14 days vs. 8 days)

Cancer Centre Activity: 2005-06

- Total number of new patients who visited the centre: **2,490**
- Total number of systemic treatment visits: **15,022**
- Total number of radiation treatment visits: **27,295**

Achievements: 2005-06

- Additional funding was sought and obtained to sustain the community oncology clinic network that administers 40% of systemic treatment ordered by the regional cancer program oncologists at 19 community hospitals in the region
- Approval of construction was received to establish a radiation treatment facility on the Sault Area Hospital site
- Participation in breast cancer screening increased with 51.5% of women aged 50-69 participating in organized breast screening

Priorities: 2006-07

1. Develop a more coordinated system of palliative care by establishing a palliative care medical lead position and participating in the north east end of life committee
2. Further develop cancer prevention/screening and supportive care networks through partnerships with other providers in the region
3. Implement multidisciplinary case conferencing using videoconferencing technology across the region
4. Enhance clinical service scope in radiation treatment by implementing prostate brachytherapy
5. Sustain the established community oncology clinic network with new funding support to 19 affiliated community hospitals delivering systemic treatment closer to patients' homes

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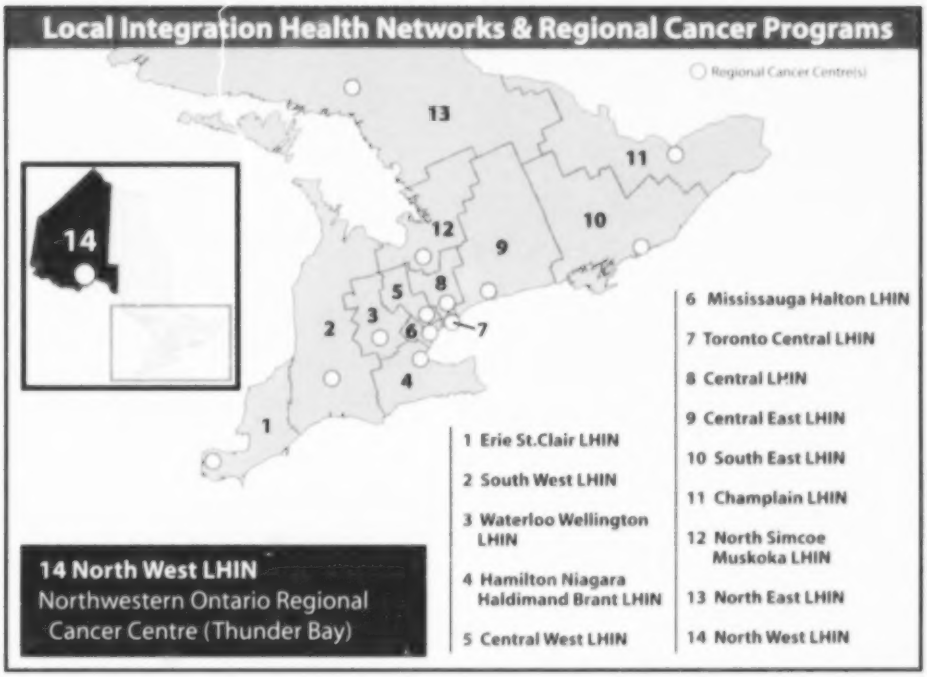

Population (2006)		Percentage of Population over 50		Projected New Cancer Cases (2006)	Projected # of Deaths From Cancer (2006)
		North West	Ontario		
TOTAL	240,125	32%	31%	1,206	482
Male	120,406	31%	29%	648	
Female	119,719	33%	32%	558	

North West Local Health Integration Network (14)

Regional Facts

- Region accounts for 62% of Ontario's landmass
- Lowest population density in province with 0.5 persons/km^2
- Close to 50% live in the city of Thunder Bay or area
- 21% of people in the region are First Nations
- One third of the population lives in small communities

Population Health Profile Relative to the Province

- Highest rates of cancer incidence per capita
- Higher rates of smoking, obesity, and drinking
- Higher percentage of screen-eligible women (ages 50-69) received a mammogram in 2003-2004

Cancer Centre Activity: 2005-06

- Total number of new patients who visited the centre: **1,716**
- Total number of systemic treatment visits: **7,832**
- Total number of radiation treatment visits: **10,483**

Achievements: 2005-06

- The new regional cancer program in Northwestern Ontario was launched with the establishment of new operational networks (prevention and screening, diagnostics, surgery, systemic therapy, radiation therapy, survivorship and palliative care). The region now has leadership in place across the cancer control continuum
- Significant improvements have been made in the quality of cancer surgery
- Wait times for cancer surgery are currently the best in the province with 72% of the cases completed within the target of 28 days
- 2006 data demonstrates that one out of five telehealth visits conducted organizationally are for oncology (total of 4,603 visits). This noted improvement increases access to timely follow-up care close to home across the region
- Wait times for systemic therapy continue to decrease with a goal to reach 3.0 weeks from consult to start of treatment
- Construction for the new cancer and cardiac research center that will be the future home of the region's new molecular medicine research program has begun

Priorities: 2006-07

- Reduce the burden of cancer in Northwestern Ontario by developing the Division of Preventive Oncology, implementing colorectal cancer screening program, encouraging the work of the regional prevention and screening network and developing a Northwestern Ontario Aboriginal Cancer Control Unit
- Further improve access and quality of cancer services within Northwestern Ontario by creating a new surgical oncology leadership and by increasing the region's medical oncologist complement

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cancer care ontario | action cancer ontario

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